

The Psychoanalytic Study  
of the Child

VOLUME IX

# The Psychoanalytic Study of the Child

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VOLUME IX

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# PROBLEMS OF INFANTILE NEUROSIS

*The New York Psychoanalytic Society and Institute invited Miss Anna Freud to a special, all day meeting at Arden House, New York, on Saturday, May 8, 1954. The Editors wish to express their gratitude to the New York Psychoanalytic Society and Institute for the permission to print the Discussion in this annual. Same discussants refer to the Freud Memorial Lecture an "Psychaanalysis and Education," delivered by Miss Anna Freud at the New York Academy of Medicine on Wednesday, May 5, 1954. Therefore, an abstract of Miss Freud's paper precedes the Discussion.*

# PSYCHOANALYSIS AND EDUCATION<sup>1</sup>

ANNA FREUD, LL.D. (London)

## *Introduction*

In this paper, the term education is used in its widest sense, comprising all types of interference with the spontaneous process of development as they exist in the childish organism. The attempt is made here to establish and describe in detail the links between the following fields of work: psychoanalytic investigation proper, analytic child psychology as its most important by-product, the application of this new child psychology, on the one hand, to the upbringing of children and, on the other hand, to the research into the causation of neurosis and the prevention of neurotic development.

## I TRENDS OF PSYCHOANALYTIC INVESTIGATION

### *Psychoanalytic Child Psychology*

The birth date of psychoanalytic child psychology is placed somewhere between two publications of Freud: *The Studies on Hysteria* (1895) and *The Interpretation of Dreams* (1900). At the earlier date Freud worked with propositions which were, in the later metapsychological sense, *dynamic* as well as *logical*, i.e., his basic conception was that of conflicting internal forces which cannot be brought into harmony with each other because they belong to different strata of the mind, being for one part conscious for the other part unconscious. At the later date, *genetic* propositions were added, i.e., the cause of inner conflict was traced back to the individual past of the patient. Examples are given here of the manner in which clinical findings were used as the corner stones for a theory of childhood development. This analytic child psychology built up by reconstruction was confirmed later by child analysis, by the direct observation of young children, and recently even by academic experiments.

<sup>1</sup> The following is an abstract of my Anniversary Lecture especially in so far as it can be regarded as a contribution to the Symposium on Problems of Infantile Neurosis.

### *Application of Psychoanalytic Findings to Education*

The application of psychoanalysis to new methods of upbringing was governed by the hope of preventing the formation of neuroses. In this respect, two periods can be distinguished from each other

- (1) A *period of optimism* when almost the whole blame for the neurotic development of the child was laid on parental actions such as wrong sleeping arrangements, prohibitions of sexual expression, ban on sexual curiosity, castration threats, abuse of parental authority, etc. It was hoped that the modification of these parental attitudes would do away with infantile anxiety and, consequently, abolish the infantile neuroses. These hopes were excessive and led to a series of disappointments which are described in detail, especially where the problem of infantile anxiety and its consequences are concerned. Then followed
- (2) a *period of pessimism*, when the origin of neurosis was recognized to be due, not to environmental influences, but to inevitable factors of various kinds. These are discussed in detail under the following headings:
  - (a) qualitative innate factors, such as bisexuality which results in unavoidable deep conflicts between internal strivings,
  - (b) quantitative innate factors such as the insatiable character of the infant's instinctive demands, leading to painful and pathogenic frustrations,
  - (c) the crucial situations in the child's life which give rise to pathogenic fixation points, such as (in reverse order)
    - the conflicts of the *oedipal phase* with the incestuous fantasies, phallic masturbation, and castration fears,
    - toilet training*, with the accompanying anal and urethral frustrations,
    - sibling rivalry*,
    - weaning*, as the traumatic oral forerunner of later castration ideas, etc.

### *Investigations Reaching Back to the Beginning of Life*

In trying to trace back the beginning of neurotic development to its sources, investigations were directed increasingly to the earliest libidinal phase, i.e., the oral one. The paper contains here a description of the difficulties which face the investigator of the preverbal stage of development, quoting authors such as Bowlby, Fries, Greenacre, Hartmann, Hendrick, Hoffer, Kris, Loewenstein, Mahler, Spitz, as well as Melanie

Klein and her followers who have done the most intensive and extensive analytic research work on the problems of this period of life

### *Current Misconceptions Repercussions in the Mind of the Lay Public*

Little of this work has reached the lay public of parents and educators, except the misunderstood notion that, since the causation of neurosis dates back to the first year of life, it is the behavior of the mother (i.e., again an environmental factor) which proves decisive for the child's mental health or illness. Here the paper contains a detailed discussion of the current concept of the so-called 'rejecting mother' who harms her infant's libidinal development by her lack of motherly feeling. The concept of 'rejection' of an infant's libidinal advances is analyzed and broken up into its constituent factors. It is shown that a mother may be experienced as rejecting by the infant for a multitude of different reasons, connected with either her conscious or unconscious attitudes, her bodily or mental defects, her physical presence or absence, her unavoidable libidinal preoccupations, her aggressions, her anxieties, etc. The disappointments and frustrations which are inseparable from the mother-child relationship are emphasized. The opinion is expressed that the mother is merely the representative and symbol of inevitable frustration in the oral phase, just as the father in the oedipal phase is the representative of inevitable phallic frustration which gives him his symbolic role of castrator. The new concept of the rejecting mother has to be understood in the same sense as the familiar older concept of the castrating father. To put the blame for the infantile neurosis on the mother's shortcomings in the oral phase is no more than a facile and misleading generalization. Analysis has to probe further and deeper in its search for the causation of neurosis.

## II THE BEGINNING OF LIFE

### *The Meaning of an 'Anaclitic' Relationship*

The concept of an anaclitic relationship has never been fully utilized in analytic writings. It means shortly that the relationship to the mother, although the first to another human being, is not the infant's first relationship to the environment. What precedes it is an earlier phase in which not the object world but the body needs and their satisfaction or frustration play the decisive part.

### *Definition of the Phase of Need Satisfaction*

At the beginning of life the infantile organism is governed by the vital body needs for respiration, sleep, intake of food, evacuation, skin

comfort and movement, which are the forerunners and first representatives of the basic drives. They impinge on the mind with the sensations of tension and relief which arise in connection with them. Accordingly, pain and pleasure are the first mental qualities between which the infant learns to distinguish, hallucination of wish fulfillment being the highest mental achievement of which he is capable at this period. In the struggle for satisfaction of the vital needs and drives, the object merely serves the purpose of wish fulfillment, its status being no more than that of a means to an end, a "convenience." The libidinal cathexis at this time is shown to be attached, not to the image of the object, but to the blissful experience of satisfaction and relief, a state of affairs of which the dynamics and economics can be studied best in adult life in so-called *Leibniz* dreams (i.e., dreams of the fulfillment of body needs), which seem to be the prototype and remnant of this early mode of functioning.

#### *Difficulties of Need Satisfaction The Interrelations Between Needs*

It is shown that even the most devoted mother finds it a difficult task to fulfill her infant's needs. Various reasons for this phenomenon are discussed, among them an innate coupling of needs which is disregarded under the cultural conditions of child rearing. One example given concerns the close interrelation between the needs for sleep and for skin contact, falling asleep being rendered more difficult for the infant who is kept strictly separated from the mother's body warmth. Other relevant examples are the interrelation between sleep and passive body movement (rocking), or feeding and active motility. It is explained how the interference with such connections can lead to the common discomforts and difficulties of infantile life which arise around the otherwise pleasurable functions of sleeping and intake of nourishment.

#### *Incompleteness of Need Fulfillment*

But even if it were feasible to satisfy the infant's needs, true to the complicated interrelations in which they manifest themselves, satisfaction in extrauterine life is bound to compare unfavorably with intrauterine conditions, where we imagine need fulfillment to be immediate and adequate. It is shown here with the help of examples how the infant suffers from the delays in wish fulfillment as well as from the quantitative differences between insatiable wishes and measured (i.e., rationed) satisfaction. This leads to a discussion of the proportion between experiences of frustration in infantile life.

### III THE BEARING OF THE PHASE OF NEED FULFILLMENT ON LATER DEVELOPMENT

Three main ways are described in which traces of these early events are perpetuated in later development with important consequences for (1) the mother relationship, (2) the ego structure, (3) the choice of symptom formation

#### 1 *Consequences for the Anaclitic Mother Relationship*

Libidinal cathexis shifts gradually from the experience of satisfaction to the image of the object without whom satisfaction would not have come about. With this step forward in development, the infant enters into the stage of object love. It is described how the formerly impersonal experiences of the pleasure-pain series become related secondarily to the person of the mother and produce, according to Melanie Klein, two mother images, the 'good' and the 'bad' mother, or, in our terms, two attitudes toward the mother image, one positive and one negative. The question is discussed whether we can consider this event as the starting point of *ambivalence*. It is emphasized, further, that even the most extreme devotion on the part of the mother does not save her from the fate of having the painful as well as the pleasurable aspects of the infant's life experiences transferred onto her.

It is important to note that the attitudes of the earliest 'need satisfying' phase never become completely extinct. Clinical examples are given to show that they continue to underlie the object-libidinal relationships, and can become manifest once more in states of severe emotional regression.

#### 2 *Consequences for the Ego Structure*

The rudiments of the ego, as they emerge gradually in the first half of the first year of life, take their pattern from the environmental conditions which have left their imprint on the infant's mind by way of his early pleasure-pain experiences, the conditions themselves becoming internalized in the ego structure. Although the ego as an agency furthers wish fulfillment, it does so accepting the principles of delay and rationing which govern infant care. This acceptance can be shown to be significant from various aspects

- (a) it represents the beginning of what will later become the reality principle,



- (b) it creates in the ego a lasting, cautious, curtailing attitude toward the id drives, and thereby
- (c) introduces into the personality a first break, id and ego serving different aims from then onwards,<sup>2</sup> governed in their functioning by different principles

The question is raised here how far this first basic structural conflict should be considered as decisive for the human individual's propensity to develop neurotic disorders

### 3 *Some Consequences for the Choice of Symptom Formation "Somatic Compliance"*

Not all needs are equally important to all infants. Some infants take feeding disappointments badly while tolerating the absence of skin comfort, or vice versa, the same applies to sleep, intestinal trouble, etc. Wherever the smooth sequence of need-tension-relief is upset and the mental representative of a need or drive is weighed down by memory of intense unpleasure connected with it, the door is open for the same area or function to be used later for the playing out of neurotic conflicts. In this manner the onset of later neurotic eating difficulties, asthma, skin eruptions, hysterical paralyses may be predetermined by earliest troubles in the area of infantile feeding, respiratory discomforts, frustrations of skin comfort or severe restrictions of early motility. The question is raised here whether what we call 'somatic compliance' dates back to these earliest events.

There opens a new and wide field for analytic investigation and especially for longitudinal study of individual developments.

## IV CONCLUSIONS

Although the attempt has been made in this paper to carry the search for the causation of neurosis to the very beginning of life, emphasis is laid on the fact that no conclusions have been drawn concerning the prevention of neurosis. There is on the author's part no belief that even the most revolutionary changes in infant care can do away with the tendency to *ambivalence* or with the division of the human personality into an *id* and *ego* with conflicting aims. On the contrary, the idea is expressed that both these factors are by now inherent in the structure of the human mind, the pleasure-pain experiences in the earliest phase merely acting as appropriate stimuli which elicit their emergence.

<sup>2</sup> See Freud S. (1939), *An Outline of Psychoanalysis*. New York, Norton, 1950.

Similarly, if somatic compliance were not created by the events of infant care, it would no doubt be called into being by the chance occurrences of bodily illness when excessive amounts of unpleasure are experienced by the infant in connection with one specific body part or function

According to the views presented here, the emergence of neurotic conflicts has to be regarded as the price paid for the complexity of the human personality. The paper ends with the description of the chronological order in which these conflicts arise during development and the degree to which each type of conflict shows itself amenable to psychoanalytic therapy

# PROBLEMS OF INFANTILE NEUROSIS<sup>1</sup>

## A Discussion

CHAIRMAN DR. ERNST KRIS

Ladies and Gentlemen It is my privilege to open the first of the three extraordinary sessions of the New York Psychoanalytic Society and Institute. The topic of today's symposium has been repeatedly suggested for discussion. It was among the topics submitted to the Program Committee of the last two International Congresses. It was then felt that the topic was better suited for a discussion by a more homogeneous group of analysts, so that unavoidable misunderstandings could be more easily clarified and the existing diversity of opinion could readily be viewed in its relation to substantial agreements on basic principles of psychoanalytic thought.

Such a homogeneous group is assembled here around a guest, honored by all, beloved by many, in order to carry on an exchange of opinion without fear of controversy. On the contrary, we hope to stimulate some controversy if only as a starting point, controversy moderated by the secure knowledge of the collective commitment. It is in this sense that we have come together to submit views to Miss Freud, and to tell her of our reactions to her own work.

The topic announced by the committee for the arrangement of this meeting is both wide and vague. The title may suggest several lines of thought. One may think of the infantile neurosis reconstructed and revived during the analysis of adult patients, or one may think of the neuroses of childhood. This is obviously more than a verbal or grammatical duplicity. These seem to be two different topics, and yet these two different topics are inseparably intertwined.

From a very early date in Freud's work, the psychoanalytic study of childhood has been conducted by two methods: by the reconstruction of childhood experience on the one hand, and by observation and treatment of the growing child on the other. If we focus on the last fifteen years—and this is a time span which in these early days of May following our

<sup>1</sup> Special all-day Meeting of the New York Psychoanalytic Society and Institute, at Arden House on Saturday May 8, 1934. The discussion as presented here is based on a transcript (provided by the New York Psychoanalytic Institute) which has been edited with a view toward enhancing readability.

anniversary lecture, suggests itself to many of us—we find that the progress made along both avenues of exploration seems remarkable indeed.

Several interconnected factors are responsible for this progress. There is our awareness of the importance of preoedipal material, and its more detailed evaluation. There is what we have called the widening scope of psychoanalytic therapy,<sup>2</sup> the fact namely, that cases are included in psychoanalytic study and treatment which previously had been approached only comparatively rarely, and there is thirdly, the sharpening of our theoretical tools.

Progress on all these avenues has been fostered by the more intimate contact of psychoanalysis with child development itself. Psychoanalytic meetings have repeatedly reflected the new perspective. The best examples are perhaps two symposia at the International Congress at Amsterdam of 1951, one discussing *The Reevaluation of the Oedipus Complex* where the papers by Drs. Lampde Groot and Gitelson are probably familiar to most; the other on *The Mutual Influences in the Development of the Ego and Id*, with papers by Drs. Hartmann and Hoffer, and summarizing remarks by Miss Freud.<sup>3</sup>

It is our hope that today's discussion will return to some of the problems raised on these occasions. As a model for the arrangement of this meeting we want to use the experience of the meeting at Stockbridge four years ago, where a group of child analysts and old collaborators of Miss Freud joined with her in common deliberations.<sup>4</sup> We felt however that it might be useful today to keep our discussion even less regulated or regimented.

I am now coming to the program of the two sessions of today. This morning our first speaker will be Dr. Greenacre. She will be followed by Miss Freud who will limit herself to a few comments and make only a selected number of points. I have it on her authority that she is ready to intervene on other occasions with reference to other topics and other suggestions.

Miss Freud will be followed by Dr. Hartmann who will talk about infantile neurosis in general and thus open the discussion. The contribution of these three speakers will be open to comments from one to the other, and also from the audience. In addition to this one more major paper will be open for discussion, namely Miss Freud's paper on *Psycho-*

<sup>2</sup>Symposium on "The Widening Scope of Indications for Psychoanalysis" Special meeting of the New York Psychoanalytic Society Arden House May 9 1951. For the presentations by Leo Stone and Edith Jacobson and Anna Freud's discussion see *J. Am. Psyc. Assoc.* 2 October 1951.

<sup>3</sup>See *This Annual* 7 1952.

<sup>4</sup>For part of this discussion see *This Annual* 6, 1951.

analysis and Education' <sup>5</sup> We are free, I am told, to take this paper as part of today's meeting, and thus to return to it in whatever connection we feel like

I now should like to call on Dr Greenacre to open our meeting

#### DR. PHYLLIS GREENACRE

The term *infantile neurosis* may be used in two somewhat different senses one, meaning the outbreak of overt neurotic symptoms in the period of infancy, i.e., approximately before the age of six, a second, meaning the inner structure of infantile development, with or without manifest symptoms, which forms, however, the basis of a *later neurosis*. It is to this second meaning of the term that this paper is addressed

In reviewing then, the place of the infantile neurosis in its connection with later developments in life, we may be concerned with the relation of the pregenital to the genital drives, with the preoedipal to the oedipal relationships and their fate. It has been considered that the focus of neurotic disturbances is the oedipus complex, and that specific neurotic manifestations are due to regressive pulls due to earlier fixations, whose activity is re-aroused or resorted to under special exigent stress of this and later periods. In the analysis of the neurosis, then, these earlier areas of disturbance have been dealt with largely in and through their relation to the oedipal problems

There is a group of cases, however, in which disturbances are particularly severe and numerous, even in manifest form, in the first years, may persist later, or crop out again accompanying symptoms of a classical neurosis. Since such patients sometimes (though not generally) develop brief psychotic episodes many clinicians have regarded them as latently psychotic, while others designated their disturbances as particularly severe neuroses. Years ago we used to call them constitutional neurotics on the assumption that the early visible multiplicity of neurotic symptoms signified a congenital weakness of the nervous system, of an insidious and not easily defined nature. According to our later knowledge, we would say that these patients generally have a rather poor ego structure, but have nonetheless attained some kind of modestly durable but impaired hold on reality, which is in contrast to the patients with more malignant types of psychotic potentialities, whose defenses have formed a fairly good shell producing a facsimile of fair health, which may, however, collapse with amazing rapidity when its special, but bidden

<sup>5</sup> "Psychoanalysis and Education" Freud Memorial Lecture, delivered at the New York Academy of Medicine on Wednesday May 5 1954. For an abstract see *This Volume*, pp 9-15. (In the subsequent discussion this lecture is frequently referred to simply as "the Wednesday paper.")

vulnerabilities are again touched. For want of a better term I have myself referred to this group of patients as "borderline," even though it does not seem a thoroughly adequate designation. It is largely, though not exclusively, from this group that I would draw certain observations regarding other forms of relationship between the pregenital and genital drives than those which have been classically described in years past.

Some of the considerations of this paper have been previously presented in a paper on 'Pregenital Patterning,'<sup>6</sup> as well as in other papers,<sup>7</sup> and will again be referred to in today's discussion. While my observations have been drawn from reconstructions particularly in the analyses of patients of this type, I believe there are implications of some general importance, at least worthy of noting, testing out, and then further defining, limiting, or discarding as additional observational facts may warrant.

Before discussing these specific developmental problems however, it may be useful to consider two types of rhythm which appear throughout life. One is the even rise and fall, the alternation of phases in a regular repetitive fashion, subject to quite wide incidental variations, to be sure, but with a tendency to return to its essentially regular pattern. This is the rhythm of day and night, or of the pulse, or of breathing, and tends to invade some of our voluntary activities as well. By its endless repetitiveness, and the constant alternation of short spanned change and familiarity, it is soothing and has the pleasure and assurance of the recurrently familiar. The second type of rhythm is of the climactic, or orgasmic kind, in which there is a gradual, usually steplike rise of mounting excitement and strain (dependent on partial frustration but with continued excitation) reaching a peak or climax of discharge, with a sudden relaxation of tension and the achievement of a pitch of pleasure which seems to be a compound of immediate sensory gratification given a peculiar sharpness by the partial frustrations, the sense or expectation of even greater pleasure, together with a definite gratification of achievement and power, followed by the contrasting relaxation pleasure of relief. The simple repetitive rhythm is lulling by its incessant familiarity, the orgasmic type is sleep producing through a fatigue satiety of gratification and of achievement. In certain respects some of the hollow organs, especially the bladder and lower bowel tend toward a climactic type of response, in that they do not respond by discharge to the first sense of pressure and fullness especially if attention and interest of the individual is diverted to other channels, but react with steplike adaptability of distention and periodic signals of pressure until finally an ultimate limit is reached,

<sup>6</sup> *Int. J. Psychoanal.*, 33:410-415, 1952.

<sup>7</sup> *Trauma, Growth and Personality*. New York: Norton, 1952.

with the effect of climactic discharge of the contents, regularly followed by pleasurable relaxation. The first rhythm has a sustaining quality, the second a propulsive one. These two forms of rhythm are seen characteristically in a variety of autoerotic activities, some of which continue with almost endless evenness of rhythm, which is terminated finally by fatigue or distraction, while others are definitely accelerated with increasing tension, and end abruptly with the appearance of a climax. In the first group are such 'habits' as thumb and finger sucking, pulling at or twirling the hair, self-stroking, fingering different parts of the body, and sometimes repetitive pulling of the genitals themselves, while in the second group are such activities as certain forms of scratching and rubbing, nail biting, some head banging tantrums, and climactic types of genital manipulation. It may be that many of our rhythmic activities contain elements of both forms in varying combinations. Contrasting types of rhythm are easily discernible in many games of childhood. In general, the nearer the infant is to the parasitic embryonic state, the greater is the preponderance of the even lulling type of rhythmic pleasures. This primitive even rhythm, however, gains importance at higher levels as it may combine with the repetition which is the basis of simple mastery, and reality testing, as is so clear in the peek a boo game.

I shall attempt, further, certain revisionary considerations regarding the libido development. We are used to speaking of the oral, anal, phallic and genital phases as though they were a series of fairly discrete stages in a regular time table of successive development. It is certainly recognized, however, that there is a great overlap in these phases of development, and that a certain flexibility of the schedule increases the adaptability of the organism.

It may be, however, that this overlap is even greater than we have customarily thought, that in fact all lines of activity are present in some degree at birth or soon thereafter, but rise to a peak of maturational activity at different rates of speed. It is the maturational peak and its relative prominence in the total activity of the individual organism which marks the phase, and the succession of the maturational peaks which creates the appearance of a succession of phases.

Although early oral activity (specifically, sucking in the nursing situation, or with thumb and finger sucking) has been compared to a climactic activity with fatigue and sleep following the orgasm.<sup>1</sup> I do not believe that this is universally and perhaps not even generally true. The sucking

<sup>1</sup> "Pleasure sucking is connected with an entire exhaustion of attention and leads to sleep or even to a motor reaction in the form of an orgasm." Sigmund Freud *Three Contributions to the Theory of Sex* New York and Washington Nervous and Mental Diseases Monograph Series, Number 7, 1930 p. 41

of nursing is certainly subject to the widest variations in form but does not frequently work up to a climax after which the infant drops to sleep it more frequently starts most vigorously and tapers off sometimes unevenly as the infant's hunger is satisfied and the sleepy satiety sets in. Even then many infants tend to continue sucking in their sleep after the breast or bottle has been removed and such sucking may continue intermittently for a considerable time or start up again at the slightest sound or movement stimulation.

In thumb and finger sucking of the first months (or with the use of pacifiers) where the mouth activity is less influenced by swallowing and by the degree of fullness of the stomach than is true in nursing the sucking appears frequently to continue for long periods of time approaching the lullingly regular type of rhythm rather than the orgasmic type. In thumb and finger sucking after the first months i.e. during the latter half of the first year and the subsequent years of infancy the sucking is often associated with grasping or pulling movements by the other (the unsucked) hand. Such sucking and hand movements may approach an orgasmic curve though even there it is rarely clear-cut or as sharply peaked as the well-defined genital orgasm of later life. It seems however to be tending in that direction. This shift in type of response seems to me to be due probably to the whole increase in neuromuscular development which is so characteristic of the last half of the first and much of the second year. It includes sphincter strengthening as well as development of locomotor prowess: the hands reach, the legs push against the mother's lap or the crib, the eyes focus, biting and chewing commence and more definite sharper periodicity of the bowel and bladder expulsive activity takes place. During this time too genital orgasm may occur and has been observed from about the eighth month on usually however only in situations of stress. It is probably true too that the oral activity of this period is less exclusively an oral than an alimentary tract response i.e. that movements of the mouth especially if they involve swallowing or the definite ingestion of food are associated with and influenced by the responses in the lower alimentary tract and not so largely those of sucking alone. My point here however is that already by the second half of the first year all zones have the capacity to respond in some special way and with varying forms and degrees of interrelationship.

From an attempt to understand the nature of these interrelations the following principles have seemed to emerge

- 1 All responses are naturally dependent upon the specific type of stimulus which is involved and its relation to the developmental stage



of the infant, i.e., how close the specific stimulus is to the phase which is near or at its maturational peak. The infant probably tends to a specific response if at all possible, but if there is considerable discrepancy between stimulus demand and immaturity of the appropriate response, the activity may consist rather of that belonging to the phase near or at its maturational peak, associated with some elements from the immature appropriate phase. The proportion of mixture between dominant phase response and behavior appropriate to the specific stimulus outside the phase must vary. If there is little discrepancy between specific stimulation and the developmental maturity for specific response, then such stimulus may only hasten the maturation which is going on anyway, and the resultant agglutination between phases will be slight.

- 2 This fits in with a further, second principle of patterning, viz., that configurations of behavior which have been called into activity by particularly strong or repetitive stimulations tend to produce a *pattern*, consisting of some organized somatic connection which forms then a kind of physical or somatic 'memory,' a unique tracery in the organization, with some resultant tension and tendency to produce action when a similar stimulus again arises. Perhaps this is just another way of saying *fixation*—but fixation to a pattern, rather than only to a phase.
- 3 A further principle of patterning is that types of behavior having some similar elements of configurations tend to substitute for one another, and under stress in infantile life, displacement from one to the other is relatively easy. Perhaps this is most obvious in the period of mastery of sphincter control and of speech which are developing coincidentally with the result that the speech may become disturbed according to patterns which have originated in the stresses of bladder and bowel control. While this is a grossly oversimplified statement, I have made an effort in an earlier article<sup>3</sup> on the developmental problems of urination and weeping to trace out quite specifically such patterned displacement from expressiveness of urination to that of weeping which can be readily discerned in many states of later life.
- 4 Finally, when very prolonged severe stimulation or when multiplicity of simultaneous stimulations occurs which results in a flooding of the organism with excitation then all channels of discharge are utilized and there may be a state of confusion, with loss of specificity of

<sup>3</sup> Urination and Weeping *Am J Orthopsychiat*, 15, 1945

response to stimulus which is repeated later in life in states of stress, notably panic. It seems that this may be due to the generalized acceleration of all drives, including those not yet approaching maturation, and a kind of basic amalgamation, with sacrifice of special direction and appropriateness.

In general, I would see the libido development proceeding to form a succession of maturational peaks of dominance, but with an internal organization along the two axes of life—the alimentary and the sexual—these two axes being most closely associated in the anal and phallic phases, the rise of the phallic sensations producing the sharper, clearer orgasmic pleasure and differentiating it decisively from the excretory, with which it has earlier tended to fuse.

Patients of this borderline type have generally had early exigencies in the form of internal or external traumata, i. e., *unusually untoward conditions* (special organic weaknesses, systemic or prolonged local illnesses, nutritional and handling deprivations as in situations of illness of the mother). These conditions tend in themselves to excite special attitudes of indulgence, anxiety, or rejection in the people around, which sometimes are the result rather than the cause of disturbances in the child and will tend to correct or augment such disturbances as the case may be. Disturbances in the infant produce disturbances in the environment, and vice versa. It is evident, however, that whatever the origin and whatever the reaction between infant and environment, in the young infant at any rate, the medium of expression is largely somatic, and that from the early impairment of 'borderline cases' there must be a considerable somatization of reaction and that emotional attitudes may be expressed more in body drives than is true in the less disturbed child. There can be little doubt that the emergence of the sharp genital pleasure of the phallic phase, with its capacity for special free, positive pleasure or for solace under stress, serves an organizing focusing role aiding in the balancing of the general comfort of the child. It seems also that if genitalization is very prematurely induced and under conditions of stress, not only may strain enter into the function itself but further genital pleasure may be used too much as a solace or be even more intimately amalgamated in the states of discomfort.

It is evident, however, that in this group of patients the emotional relationships of the infant and growing child may have more of a load of the somatic, even to the extent of a kind of somatic drag in the overutilization of special body drives (demand for food, special needs of urination and defecation, locomotor explosions, etc.) or as an unusual

degree of need for body responsiveness, as in hugging, kissing, being rocked, stroked etc., or in a greater somatization of emotional responses in even more subtle ways. It seems this may occur, not only as the ground work for regression, but as an infiltration or distortion of the maturational pressures especially through too great an agglutination between developing drives as already mentioned. Under these conditions there may be a severe degradation of the oedipal stage, which may appear in unusually sharp outline, but on closer examination be found to contain few elements of object relationship. Sometimes the true oedipal relationship is really not reached at all.

I have been impressed, in analyzing such patients, that in many instances there was a constellation of disturbances from the earlier years, resulting among other things in a gross impairment of the sense of identity naturally associated with some degree of inadequate separation from the external world, but even more strikingly focused by the first stage of the castration complex viz. that determined so largely by the discovery of the anatomical differences. In such cases, where there is a dominant body phallus equation (as is not infrequent in children subject to severe overstimulation, a condition which in turn occurs over readily in a weak child)—in such body phallus children, the whole sense of the body identity is overly influenced by the confusion about the genitals, and may create rather striking symptoms, which are perpetuated and spread into a confused oedipal period. It is then, often, of some value to deal with these manifestations before analyzing the later ones. It is my impression that in rare instances some new development of an object relationship or strengthening of a conspicuously weak one, may occur in the course of analysis itself.

Mention should be made of one other set of conditions which is discernible in these cases of early disturbance with oversomatization of response and problems of identity, viz., the increase in the tendency to bisexual identifications and the influence which this has in very much magnifying the castration problems and also in contributing to unusual complications in the superego development. But this is an area in which I have not thoroughly formulated my clinical observations and I should prefer to leave it for some future discussion.

CHAIRMAN KRIS

Thank you very much Dr Greenacre

The discussion we are trying to have today is in itself a test for the progress of psychoanalytic thought

Dr Greenacre's paper seems to me an almost ideal opening paper,

because it refers to a large number of problems. It embraces not only pathology of earliest childhood but also normal development. It reaches not only into all phases of infantile neurosis but beyond this scope into the subject matter of tomorrow's discussion namely the scrutiny of cases which are or are not accessible to psychoanalytic therapy as we understand it.

There is a second aspect which makes this paper remarkable. Those who have heard Miss Freud's paper on *Psychoanalysis and Education* will have noted that the two presentations have points in common which are not usually stressed.

May I now invite Miss Freud for the first of what we hope to be her frequent interventions.

Miss Freud

ANNA FREUD

When I accepted the invitation to participate in this weekend conference of the New York Society and Institute I planned to concentrate my attention wholly on the thoughts of others. It was only after the Anniversary Lecture on May 5th that the organizers decided to regard my paper on *Psychoanalysis and Education* as my personal contribution to this Symposium. This leaves me now with a double task to expand and defend my own assumptions while listening and reacting to those brought forward by the other contributors.

Although the subject of this Symposium is *Problems of Infantile Neurosis* with all their implications Dr Greenacre's paper my own and most of those to follow are concerned mainly with one aspect of them namely with the earliest possible pathogenic influences which date back to the child's first year of life. So far as I am concerned the study of this darkest of all ages has never been my predilection. I have preferred always as my subject those phases of development where assumptions can be checked against verbalized material recaptured from the unconscious by the analytic method or against facts which are open to view in the direct observation of infants. Whenever we break through the barrier which divides articulate life from the preverbal period we find ourselves on uncertain ground left with conjectures reconstructions and interpretations which of necessity have to remain unconfirmed by the individual with whom they are concerned. In no other realm of psychoanalysis does speculation need to run quite as free as far and as wild.

In spite of these hesitations there was no withstanding the current trend of interest which turned to ever earlier events in the infant's life and produced a host of clinical and theoretical studies by authors such

as Fries Greenacre, Hartmann, Hendrick, Hoffer, Kris, Loewenstein, Mahler, as well as the observational studies by Bowlby and Spitz. There was further, in London the environmental factor of the polemic carried on with Melanie Klein and her followers' views, which acted as a constant stimulus for thought. These combined influences urged me toward the tentative formulation in the Anniversary Lecture of my own conception of happenings at the beginning of life.

I return from this personal introduction to Dr. Greenacre's opening paper. Contrary to expectations it did not reach me before my arrival in the U. S., four days ago. My reaction to it is therefore more disjointed and disorderly than is appropriate to a thoughtful and thought-provoking exposition of its kind. Her assumption that the libidinal stages coexist from birth and reach their maturational peaks at different rates of speed is far-reaching and revolutionary and may, in time, lead to important revisions of our present assumptions. So may two other of her points relating to the first named: the contrasting types of rhythm, and the consequences of phase divergences between stimulus and response.

I find these points of special interest since they may help to solve problems which have troubled child analysts and educators since the time when analysis was first applied to child development. The first of these questions refers to the difficult differentiation between the welcome and ominous or as we might call them the benign and malignant, aspects of the autoerotic activities.

We have, of course, long left behind that earliest stage when masturbation was regarded as a pathogenic factor, something between a breeding ground and a forerunner of later neurotic symptom formation. We have discarded also a conception held in earlier years, that all other autoerotic activities (thumb sucking excepted) are masturbation substitutes. They merely assumed that aspect for us when we reconstructed events backwards from the study of the phallic phase. When working upwards from the beginning of life, we see them fall into place as distinct expressions in their own right, reaching their respective peaks at the maturational peak of the libidinal phase by which they are determined. Thumb sucking in the first year of life, anal play and interest in excrement in the second and third, phallic masturbation and exhibitionism between the ages of three and five, have assumed today the settled status of normal and legitimate pregenital activities.

In spite of these theoretical convictions doubts are left as to what we should consider as the norm in autoerotic practices and where potentially harmful excess begins. Parents and educators have never really lost their distrust of autoerotic indulgence, a fact which we may ascribe to

autoerotism interfering with the child's dependence on the object world. But analysts too do not feel on sure ground where certain questions are concerned. Why do some autoerotic practices seem so much less benign than others? Is this due merely to conventional preconceptions from which we have not succeeded in freeing ourselves? And when we succeed in considering them objectively are there really no other factors to be taken into account except their inadequateness to or divergence from the libidinal phase of development in which they manifest themselves?

It seems to me that Dr. Greenacre's introduction of the concept of two prevailing rhythms provides us with a new and hopeful approach to the problem. We used to think that all expressions of infantile erotism lacked the orgasmic quality of adult sexuality i.e. led to no climax. Dr. Greenacre discards this assumption and replaces it by the detailed description of contrasting rhythms: one soothing and lulling the other of a step-like rise of mounting excitement and strain. When we apply this distinction to our observations data fall into place leaving us with the impression of two sets of phenomena of possibly different significance. There are on the one hand the pre-eminently infantile regressive activities the potential hold-ups in the child's development represented by the repetitive practices of the lulling kind such as rocking sucking self-stroking etc. grouped by Dr. Greenacre under the habits; on the other hand there are what she describes as the climactic types above all phallic masturbation which impress us as active progressive tendencies striving toward more adult modes of expression. Keeping in mind Dr. Greenacre's qualification that many of the child's rhythmic activities may contain elements of both forms in varying combinations her arguments seem to me to provide the first pointer toward an objective solution in a field where we have relied so far much too much on subjective impressions.

Not that this qualitative distinction according to rhythm absolves us of the necessity to examine the autoerotic activities from the point of view of phase specificity. In our days when the environment tends to interfere little with autoerotic expressions we are confronted sometimes by phenomena which are most surprising. There are for example well developed children of four or five who are clean intelligent responsive humorous in excellent contact with their environment with more than the beginnings of character and personality development. Their whole demeanor leaves no doubt that they have reached the phallic phase or even entered the prelatency period. Yet their favorite indulgence before going to sleep when relaxing in tiredness or under emotional strain remains thumb sucking. They may be solving a difficult intellectual or

emotional problem at one moment, and be found the next with their finger in their mouth, soothing and lulling themselves in repetitive sucking activity. That part of their libido has been left behind at the oral stage is obvious. Yet this fixation seems to interfere remarkably little with the progress of libido development. Even under the most lenient environmental management, how can it be explained that no inner conflict arises, and that sucking and with it the oral fantasies, remain ego-syntonic in an otherwise well advanced and relatively mature childish personality? And more important still, what happens under these conditions to the autocrotic expressions of the later stages? Surely, they are denied their legitimate place while oral pleasure continues to be used as universal comforter? These are questions which perhaps will have to be re-examined in the light of Dr. Greenacre's theory of coexisting, not merely overlapping, libidinal phases.

Dr. Greenacre states that "the nearer the infant is to the parasitic embryonic state, the greater is the preponderance of the even lulling type of rhythmic pleasures." This coincides with our ideas on the most archaic of all autocrotic activities, namely rocking. There is, I believe, no age when rocking is regarded by us as adequate, i.e., phase-specific. Whenever it makes its appearance (usually in the second year of life), we view it with distrust as a regressive and therefore unwelcome, unpropitious activity. It may well be that rocking as the lulling, repetitive activity par excellence, has no legitimate place at all in extrauterine life but belongs to the intrauterine existence, its last legitimate offshoot being the passive experience of being rocked in the cradle or in the mother's arms. Active rocking appears often in the second year of life as a reaction to restraint of more highly organized motor activity. In the light of Dr. Greenacre's propositions we might regard it then as the prototype of a behavior appropriate to stimulus but outside the dominant phase of development.

It is of special interest to me to apply Dr. Greenacre's formulations concerning the interrelations between specific stimuli and phase-dominated responses to the question of seduction in early childhood. As we know from psychoanalytic history, the earliest answer given to the question of the pathogenic significance of seduction was that the immaturity of the child's sexual apparatus prevents the seduction from having an immediate effect. Stimulation was supposed to be stored up until an appropriate phase of development was reached, when the child (or adolescent) then reacted pathologically but on the mature level to the infantile event. With the discovery of preadolescent and pregenital sexuality this opinion was altered in favor of the recognition that reaction to sexual stimulation can occur at all ages in the form appropriate to the

child's development at the moment of seduction. What Dr Greenacre adds here are the possible variations and their pathological consequences of 'the proportion of mixture between dominant phase response and behavior appropriate to the specific stimulus outside the phase'."

Where the almost inevitable seductions are concerned which occur among young children whenever they are unobserved, Dr Greenacre's assumptions confirm the opinion held quite commonly by child analysts and analytic educators namely that such events are harmless enough where they occur between partners who are on the same level of libidinal development. Stimulus and response are then, to use Dr Greenacre's term, both phase dominated. It is different where a much younger child is exposed to sexual stimulation from an older one. When this happens, the seducer only discharges his libidinal urge in a phase specific form, the seduced one finds himself caught in a situation where the sexual response of which he is capable does not fit the sexual approach which has been made to him. Dr Greenacre describes very convincingly how such events either hasten maturational processes, or throw them into confusion.

Interest in the problem of seduction was revived recently by exploring the seductive influences which play a part within the intimacy of the early mother-child relationship. In my Anniversary Lecture I discussed the current concept of the so called 'rejecting' mother who does not fulfill her role as object of the child's libidinal desires. We can contrast with the image of the rejecting mother the 'seducing' one, i.e., the mother who, owing to her own strong libidinal bias, overstimulates the child in the phase to which she herself has a fixation. I illustrate this point here with two examples from our Hampstead Clinic. Both children were under analytic treatment, contact with both mothers was made through the therapist and the psychiatric social worker.

Patient No. 1, a five year old boy, was sent into treatment as a problem child with diffuse disturbances, but no circumscribed neurosis. He was badly adapted to his environment, restless, undisciplined and unmanageable in his nursery school, a bad eater, with constant digestive upsets, a quarrelsome unsatisfied child with typical castration fears. It was difficult to describe his disorder in terms of specific fixation points, or regressions, or even to determine his predominant method of discharge, his inhibitions as well as his outbursts seemed distributed over all levels of his development.

The story of his mother was as follows. She had been depressed and unhappy throughout life. Her relationships were those of an orally greedy person whose demands remain perpetually unsatisfied and who



feels rejected by everybody. She had felt unloved by her parents and subsequently by her husband.

Although her financial circumstances were precarious, and a home was difficult to find, she persuaded her husband that they should have a child. She lived in the fantasy that with the birth of the child her attitude to the world would change. At last there would be a being who needed and accepted her as she had always wished to be. She maintained this fantasy throughout the pregnancy, until the baby, on the fifth day after birth, refused the breast. It is, of course, open to speculation why this happened. The child may have reacted to her overanxiousness, or possibly to the excessive eagerness on the part of the mother to whom this event meant so much. He may have been merely a moderate or indifferent drinker with whom a more equable and placid mother would have established a good feeding relationship in time. However that may be, the facts were that the mother's relationship to her infant broke down at this point, he became for her one more person who refused her love.

The analysis of the boy made it possible to learn what happened after this between them. On the oral level mother and child had been at cross purposes, the child rejecting the mother. On the next levels of development the child might have reacted normally but could not catch the mother's interest. She rejected him in her turn by not feeling any pleasure in his cleanliness, or in his developing phallic masculinity. Her motherly care continued to express itself through feeding; mother and child had good times together at rare intervals when he consented to eat her food, at all other times there was hostility between them. The constant pressure which she exerted on him to pull him back to a feeding relationship distorted and overshadowed his moves toward normal progressive libido development and forced the child to retranslate tendencies and fantasies of later stages into oral terms. Hence the "chaotic" development into a problem child.

Patient No. 2, a five-year-old girl, presented a similar picture of over-all disturbances. In her case, the mother was fixated to the anal-sadistic level. Mother and child met on intimate terms only on this level, i.e., they provoked each other incessantly to raging battles which were made up only to begin all over again. The child had had little satisfaction from the mother in the oral stage, and some noticeable excellent beginnings of phallic-exhibitionistic development went unregarded. Although she was a potentially healthy, well-equipped child she could not maintain the normality of her development in face of the constant stimulation of her own anal-sadistic tendencies caused by the mother's sadomasochistic predilections.

I believe that my description of such mother child interrelations with resulting chaotic development coincides with Dr Greenacre's theoretical exposition of an individual's inability to maintain responses appropriate to his maturational status when faced with constant stimulation outside the developmental phase

CHAIRMAN KRIS

Thank you, Miss Freud

Your discussion has touched on a great number of problems pertinent to Dr Greenacre's presentation

I think we are most anxious to continue I now call on Dr Hartmann to present the problem of infantile neurosis from another angle

Dr Hartmann

DR. HEINZ HARTMANN

Dr Kris has, very wisely, I think mapped out what we may or ought to discuss in rather broad lines This is essential because these problems have, so far, escaped simple or narrow formulations

Both Miss Freud and Dr Greenacre have contributed toward the understanding of the earliest prestructural phases of development Miss Freud, in her lecture on Wednesday, spoke of frustrations of very specific needs, needs for eating, sleeping breathing body contact, elimination, and the interaction of these needs at a period before the drives find a more definite and characteristic expression Dr Greenacre too referred to phenomena occurring at that period of development Both authors claim for their factors no really specific etiological significance, but consider them as creating some degree of predisposition for later disease Such studies show our growing awareness of the complexity of these predispositions to pathological development and the search for an analysis of these predispositions in their interaction with those that had been known to us before

It is not, however, apparent how far the factors described determine in their own right some kind of phase specific vulnerability for neurotic development, or how far they act by contributing to the phase-specific conflicts of later stages let's say to the oedipal conflict in the phallic phase Obviously, all these factors mentioned influence the form and intensity of object relationships, and the development of the ego But there are missing links between these very early happenings and what we know now about the etiological significance of later phases There is still a gap, and what is being done here and elsewhere, is actually to lead up

to a kind of inventory of contributing factors, and of their interrelations beyond what has long since been known about the etiology of neurosis

I have to mention here, because it has not been mentioned so far, that many of these factors are actually part of the child's equipment. For instance the core of the differentiation between the ego and the id, and of individual variations of this differentiation, is among the factors that are part of man's equipment. This is relevant, because, as you remember, Freud considered the differentiation of ego and id to be a basic prerequisite for the development of neurosis. All these questions, however, are very much in flux right now, and it becomes difficult to evaluate the problems infantile neurosis poses in regard to its origin, its structure, its significance for later development.

You will have noticed that in both Dr Greenacre's and Miss Freud's paper, relatively little has been said about infantile neurosis proper, which is of course significant for the state of affairs today. I would say that most of what Freud said about infantile neurosis long ago, remains true today. But it is also true (he said this referring to another analytic problem) that in the course of the development of analysis, it often becomes necessary to make some earlier general formulation more specific, or broaden a concept that was too narrow.

As to our topic of infantile neurosis at present we have more questions than answers. Still, it is pleasant to think that most of the discomfort many of us feel in approaching this problem today is due to the fact that we know actually much more, that is, we know much more about developmental psychology in general which makes us more ambitious in specifying our hypotheses. We know more about normal development and we all agree that an understanding of neurotic development is not possible if it is not based on a very detailed analysis and on precise knowledge of what normal development is. Consequently we have to deal with a greater number of hypotheses on this subject today.

I may mention here for instance, what Miss Freud said about these primitive needs which she traced in their interdependence some of them acting in a synergistic way others in an antagonistic way. This body of hypotheses about these earliest phases has the great advantage that it can be validated that it can be tested (though only on the basis of both direct child observation and retrospective analysis of adults) while quite a few earlier hypotheses on the subject were actually scarcely accessible to any validation or invalidation. But as for the present, the concepts of developmental phase conflict trauma have become much more complex for us, and, I think, they will become ever more complex before we

again reach that beautiful, peaceful state of affairs when both simple and general formulations become possible

I may mention another difficulty in this context. It is actually not so easy to say what we call an infantile neurosis. You remember that when Freud first approached this problem, he found that what he actually considered a neurosis was frequently considered naughtiness or bad upbringing by the parents and by the teachers. Today we are confronted with the reverse situation, i.e., in rather broad circles, every naughtiness, actually every behavior of the child that does not conform to the textbook model, every developmental step that is not according to plan, is considered as 'neurotic.' What does this mean? It means that the broad range of normal variations of behavior is not recognized, and that the specific features of what analysts call a neurosis get lost. Apart from this, however, many of the very early neuroses are really different from what we are used to calling neurosis in the adult. Many problems in children which we call neurotic are actually limited to a single functional disturbance, and the way from conflict to symptom seems often to be shorter than in adult neurosis.

I may also mention that another aspect of the problem of childhood neurosis has not been systematically studied, i.e., its developmental significance, the simple clinical question of what the actual correlations between childhood neurosis and form and intensity of adult neurosis are. In some well analyzed cases, we know the sequence of early childhood, latency, and later neurosis—for instance, in the best analyzed of all, in the Wolfman. But even today, it would not be easy to make even a moderately general statement about many of the problems involved. However, this question can be approached for instance, by using the material of one of our analytic clinics. As a matter of fact, it is among the topics suggested for the research program of the New York Treatment Center.

Though our literature contains some beautiful analyses of childhood neuroses, the analytic interest of many has I should think quite consistently, searched for answers in turning from the purely clinical aspects to the underlying developmental processes, that is to the more or less general laws governing the development of libido, aggression, the ego, object relation, and to what we can say, in a general way, of the strong points and weak points of these developments. Of course, on this level of research, no longer merely clinical but also developmental, it remained true that the fixations and conflicts that we find in infantile neurosis are frequently also found at the basis of the neurosis of adults. The latter is often modeled after the former, but this is not always the case. No doubt, certain constellations in drive and ego development, whose interactions

we have come to understand to some degree, are pathogenic. However, the mere fact that these conflicts and fixations of the child resulted also in the formation of a neurosis during childhood is not of necessity an additional pathogenic factor for later life

I may remind you here, to clarify this point, of a similar finding made in a different field by Dr Helene Deutsch, who showed that in certain situations the fact that a depression develops is less damaging than the not coming about of a depression. We have to ask ourselves whether phase adequate neurotic reactions of the child should not often be considered with this view in mind. We could formulate this in a more general way by saying what appears as 'pathological' in a cross section of development may, viewed in the longitudinal dimension of development, represent the best possible solution of a given childhood conflict.

What Anna Freud<sup>10</sup> said long ago is of course, true, namely that the apparently strong ego of a neurotic child is actually weak, and also that infantile neurosis may mean 'calcification'. This danger is inherent in rigid fixations on certain instinctual aims, or on certain defenses, or also on those patterns Dr Greenacre spoke about. The consequence then is that parts of the growing personality are, at least temporarily, excluded from further development. But there are several points to be considered here. First of all, there are also very recalcitrant and durable fixations that do not lead to neurosis or psychosis and still interfere with some aspects of later development. I remind you, for instance, of those 'distortions' of the ego, to which Freud<sup>11</sup> pointed briefly in one paper, with whose help the development of a neurosis may be avoided. Such phenomena, though still little considered in analysis, are probably very frequent. Also the fixations on early specific frustrations described by Anna Freud do not necessarily lead to neurosis, though they may determine symptom formation if a neurosis develops. Early traumatization may have similar effects, as Dr Greenacre mentioned. Dr Grinker<sup>12</sup> thinks that many psychosomatic disorders are traceable to such factors. The decisive question is of course, whether these various developmental vicissitudes are reversible, capable of compensation, or irreversible.

Thus, there are in childhood a variety of factors that are, in a sense 'pathogenic,' but do not lead, by themselves, to neurosis or psychosis. On the other hand, there are also neurotic phenomena in childhood that are amenable to correction, to modification in the course of growth.

<sup>10</sup> Indications for Child Analysis *This Annual* 1 1945

<sup>11</sup> Analysis Terminable and Intermittent. *Collected Papers* 5 London Hogarth Press 1950

<sup>12</sup> *Psychosomatic Research* New York Norton 1954

and development which I have to mention here in order not to make the picture too one sided. The theoretical basis on which we can build here is a thought Freud expressed in some of his later papers<sup>13</sup> namely that the repressed instinctual demand is not necessarily rigidly preserved in the id. That is it may be elaborated by the ego or used by the ego as is commonly the case in the more normal passing of the oedipus complex when repressed instinctual drives are sublimated and used in the resulting identifications. A paper by Dr. Anny Katani<sup>14</sup> develops this proposition of Freud's. This gives us an explanation for the fact that the calcification we often find after childhood neuroses may be only a transient phenomenon and thus will make us less inclined to dispute on theoretical grounds the possibility of a spontaneous cure of these neuroses. It will appear even more plausible if we keep in mind the modifying power of maturation also mentioned by Miss Freud on the side of the id but also of the ego through which some anxiety conditions may lose their importance.

There is no yardstick for the pathogenic potential of infantile neurosis except for the long run developmental consideration. We have to bear in mind that every new phase of maturation creates new potential conflict situations and new ways to deal with these conflicts but on principle it also carries with it to a certain degree the possibility of modifying the impact of earlier conflict solutions. The new aspect of the subsequent phases is the changed dominance of certain instinctual and certain ego functions: this includes also phase specific capacities to deal with conflict situations and in some degree to revise old conflict solutions. The main thing in approaching these problems—and this touches on what both Dr. Greenacre and Miss Freud said—is that the genetic the historical aspect of later conflicts must be clearly distinguished from their phase specific possibilities.

As to another point: if we try to determine a developmental potential we should not forget that many of the concepts we use here (e.g. trauma, ego strength, etc.) imply relationships. The facts to which they refer can not be evaluated without knowledge of the context in which they occur. This is obvious in a concept like trauma and relevant to what Dr. Greenacre said. Because of similar reasons we became accustomed to describing many developmental phenomena in terms of their id aspects and their ego aspects—this category of relations between ego and id being fundamental for our understanding of so many others.

The assessment of a developmental potential also includes as an im-

<sup>13</sup> For instance in *The Problem of Anxiety* New York: Norton 1936.

<sup>14</sup> The Role of "Displacement" in Agoraphobia *Int. J. Psy.* 32 1951.

portant factor, the study of the pleasure potentialities in the three psychic systems, and their changes on the different levels of growth and development I remind you here of what Dr Greenacre said about two biological rhythms (pleasurably soothing and orgasmic), but also the rhythmical aspects of ego activities should, I think, be studied in this context. Various forms of rhythmical activity can be connected with various conditions for pleasure gain, and the question always is, which forms of pleasure gain are prevalent on a given developmental level?

Another point refers to what we just heard from Miss Freud. It is certainly true that the persistence of earlier phenomena on a later phase is often suspicious or ominous. I may add that precocious development of certain functions probably can also lead to pathological development.

I want to make just one more point about the capacity of modifying, reversing, or compensating for developments which, if unchecked, may lead to pathology. An essential aspect of this is the capacity of the child to neutralize instinctual energy, libidinal and aggressive. This faculty for neutralization may be different in regard to libido and to aggression, as is, e.g., clearly traceable in a case analyzed by Mrs Bornstein.<sup>15</sup> And this faculty for substituting neutralized for instinctual energy must be viewed in connection with the substitution of ego aims for instinctual aims—the two processes varying partly independently, as seen in the cases of sexualization or aggressivization of ego functions. This is particularly relevant for the understanding of fixations and their consequences—which show a continuum from the rigid fixation on an instinctual demand to those, on the other end of the line, that finally survive predominantly as an individual form, or direction, or intensity of an ego function.

All this goes to show that the impact of development on infantile neurosis cannot be judged without using, in each individual case, all the tools that child psychology has developed as well as a knowledge of the relative relevance of these many factors mentioned, and of many others not mentioned here. The question of the extent to which infantile neurosis will determine later neurosis, or psychosis, or character development, or positive achievement is basically an empirical question. But developmental theory can give us models, it can tell us what factors have to be considered in such a study, and what their most likely interaction is. Thus theory can direct clinical studies on childhood neurosis, but it could not possibly replace them. And that is why we hope that in the following discussion, we will hear many clinical examples to enrich and also to test our developmental hypotheses.

<sup>15</sup> Personal communication.

CHAIRMAN KRIS

Thank you, Dr Hartmann

In opening the general discussion, we have first to live up to our resolution to keep it freely flowing We therefore turn first to the speaker who has opened the discussion today, Dr Greenacre

DR. PHYLLIS GREENACRE

First of all, I'd like to emphasize, perhaps re-emphasize, certain things in what I said or attempted to bring out, into some kind of definite form That is, that I was presenting material from a special group of cases, in which I think it is possible sometimes to see these things with greater clarity I presented it because I felt that it had some implications also for patients who were not as severely disturbed early in life and although the findings might not be as clear, that it was worth considering what the implications were

I was very grateful to Miss Freud for bringing the discussion back more definitely to the relation between the child and the mother—I had practically excluded the mother in this discussion, though not quite—and especially to emphasizing the interplay of the mother's phase reactions and the child's.

I shall not attempt to go into all of the questions which were implied by Dr Hartmann's discussion nor all of the points that Miss Freud raised although there are a few things that I would like perhaps to ask more about

I should like to take up the more general question that Dr Hartmann raised, of the relation of these disturbances to later neurosis Certainly I can't say a great deal that will be very definite One thing that had impressed me however, in many of the patients whom I speak of, is that where there have been severe disturbances in the early years, with a resultant deformation or incompleteness of the oedipus complex that there is also a tendency to an increase in the bisexuality I think that was implied in what I said, and that the oedipal problem is very much more confused, that it is often delayed and that one has the severe puberty reactions in such cases and I think often the outbreak of the subsequent neurosis occurs about this time

Just a few remarks in regard to the two types of rhythm, which disturbed people, I gather, a good deal I too would not think that one could say 'this is more benign' and that is more malignant according to the type of rhythm Perhaps this would be most apparent in the children who have such very early genital orgasmic responses They are not just to be considered precociously developed children They are



using a response which is inappropriate. It is just as inappropriate in its being anticipated as a regressive response carried over.

Miss Freud spoke of head knocking and I had mentioned this. Although it has interested me, I don't feel that I know very much about it. I had been impressed with its occurrence among defective children, head knocking and rhythmical body movements. I think I had first seen this during a short period during which I worked in an Institution for Defectives, which left an indelible impression on my mind.

I later thought that I had never seen head knocking discussed in the analysis of an adult. I once had a patient who had been a head knocker in infancy, and it was years ago. I regret that I didn't know more at the time that I had this patient, but I got the impression at that time that it might be something associated with defective reality sense. This was not an intellectually defective woman at all. She was a very disturbed, but very complex and well developed person.

From the material that came to me at that time, I got the impression that there was something in the head knocking which had to do with a need, in some peculiar way, to establish a body reality in that particular area. It is something that I have since speculated a little bit about, having seen infants who were not extreme head knockers, but who nonetheless showed this, and where it was connected with abnormal birth conditions. One has actually to accumulate a great deal of material before one is justified in drawing any conclusions of that sort.

As to the even rhythm or the orgasmic rhythm, I think it also depends on whether it is being utilized in a genital way or in a nongenital way, as well as many other considerations. If we think of the fact that probably most analysts go through some kind of even rhythmic activity during the time they are analyzing—there is so much smoking, so much doodling of a rhythmic kind, knitting, sewing.

MISS FREUD

Do you think it is orgasmic?

DR. GREENACRE

What I would emphasize here is that the rhythm has a pleasure in it of an especially organizing type, that it permits the person to pay attention to material which is stimulating and provides some kind of a balance and organization to the stimulation in all of the material that comes in.

I spoke of the premature orgasm. I mean premature in life, not prematurely otherwise. My first awareness of this was, I think I have said

before, with babies who were thought to have Little's Disease, having seen a couple of children who were in such a constant orgasmic state that they were brought into a Pediatric Ward thought to have Little's Disease. Then also in the same Institute for Feeble Minded, I saw this and again was impressed with it, and in seeing it, realized that very disturbed and psychotic women had vaginal orgasms, so that this was not necessarily a sign of mature genital development.

I came upon a report published many years ago by a pediatrician named Townsend<sup>16</sup> from the Boston Children's Hospital, in which there was a little clinical study of a conference on masturbation, early masturbation in children, and in which, as part of the clinical discussion, he presented three or four cases, and other pediatricians brought in their information, what they had observed, and I was very much impressed, although Townsend didn't mention it himself, with the fact that all, practically all of these children had had physically disturbed infancies. When I speak of trauma there, I don't mean necessarily external trauma, but traumatic disturbance of illness and of discomfort to the child.

The other thing was that it was quite definite, in the comparison of this group of cases that the appearance of the orgasm might be as early as six months, but was more regularly around eight months.

Now this question of rhythm seems to me to be an interesting one. It is one that I would hesitate very much to see any oversimplified conclusions drawn from it.

I wanted just to say a word about something that came to mind both as Miss Freud was talking about the seduction of the younger child by the older child, and then the question of the seduction to a child by the birth of a younger sibling. I think there is a very definite seduction in many cases, and it involves the stimulation not only of the genital awareness, but also much of an oral seduction immediately after the birth. It is inevitable. It pulls the older child or pushes the older child in at least two directions at once, both forward and backward, and it seems to me this is one of the things that we perhaps haven't emphasized enough.

The consideration of this has led me to think that the birth of a younger child very close to an older one, was particularly disturbing not only because it might be preverbal, and because the child was overstimulated, but because of the oral seduction to regress both the actual genital stimulation of some awareness and focusing there, and the pressure of the environment to be bigger or to carry on at a more adult level.

<sup>16</sup>Townsend, C. W. Thigh Friction in Infants Under One Year of Age. *Arch. Pediat.*, 11: 833-835, 1896.

Now I think just one other thing that I wanted to mention too, in connection with the failure of patients with very early disturbances adequately to meet, and more often even not adequately to go through the oedipal phase, and the effect that I believe this must have on the super ego development in ways which I think it would be quite possible to study

#### CHAIRMAN KRIS

Thank you Dr Greenacre

Time does not permit us to put the question to the meeting what the activity of the analyst during analytic work implies. Instead, we ask Miss Freud to react to the two speakers

#### ANNA FREUD

I take up the thread again and I refer first to what Dr Greenacre said in her last comments. She remarks there that the severe early disturbances, although they create diffuse difficulties in all periods, may not manifest themselves in full pathological force before puberty. This leads our thoughts back to insights into the role of puberty which used to play an important part in psychoanalysis but have been neglected recently in favor of attention paid to earlier periods of life. I hope that Dr Greenacre's statements will help to restore puberty to its legitimate place in our investigations

I can illustrate and confirm Dr Greenacre's views on the basis of experiences made in London. You may remember from an earlier publication<sup>17</sup> that we had the opportunity there to study some concentration camp children who had been submitted to severely disturbing experiences, some of them spending their first two years without mothers or stable mother substitutes, others suffering traumatic separations from their whole families. At the time when the youngest among them were three to four years old, I reported that their childhood behavior presented difficulties of various kinds and was, to use Dr Greenacre's expression, confused, that there was a preponderance of autoerotic activities and that, in contrast to normal developments, their object relations were centered on contemporaries not on adults. In spite of all this, there were few really pathological manifestations, no circumscribed neuroses, no real dissociation or psychotic evidence. Since most of them remained under the guidance of Miss Alice Goldberger in London, it was possible to carry on with a longitudinal observation, which showed that nearly all of

<sup>17</sup> Freud, A. and Dann, S. An Experiment in Group Upbringing. *This Annual*, 6, 1931

them maintained their state of precarious normality until the approach of puberty when there were outbreaks or symptoms such as stealing, depressions, withdrawal from the object world, etc., far beyond the usual incidence in puberty. Since a number of the older children have been taken into analysis now in our Hampstead Clinic, we hope to learn more about the interrelations between their severe early upsets and their later pathological manifestations.

I subscribe, of course, to Dr Greenacre's warning that no oversimplified conclusions should be drawn from her distinction between the two types of rhythm, and I hope that I have not been guilty myself in this respect when applying her concepts to the assessment of the autoerotic practices. I welcome certainly, any additional data which may help to distinguish further between the various forms of autoerotic expression. For example, I wonder whether the differences between rocking and head knocking receive all the attention which they deserve. Rocking is autoerotic, while head knocking seems to me to be unquestionably auto-aggressive, the more vigorous types of hair pulling and the self biting described by Dr W Hoffer<sup>18</sup> fall into the latter category. That rocking and head knocking are always mentioned together may be due to the fact that their identical rhythms strike many observers more forcibly than the less obvious differences between them. What the child gains from rocking is soothing pleasure, what is sought in head knocking is a sensation of pain. I refer here to some observations made and published in the Hampstead Nurseries which showed how an infant in the crawling stage after knocking his head on a soft surface, crawled further to a hard wood or stone floor to continue the knocking where it was more hurtful. Here applies Dr Greenacre's suggestion that the pain produced by head knocking may serve the purpose of establishing an otherwise missing body reality for the child. Perhaps the aim of establishing a closer relationship with one's own body underlies many of the autoerotic or autoaggressive practices as a secondary, subsidiary purpose.

On the basis of direct observation and reports on behavior I believe now that rocking and head knocking are much more frequent occurrences among normal children than we used to assume at times when both activities were reported almost exclusively from the observation of defectives. Dr Greenacre mentions their possible connection with birth conditions. I want to go one step further and suggest that the answer to this problem has to be sought for not in distinctions between pathological states but in so far unexplored interrelations between intrauterine and extrauterine life.

<sup>18</sup> Oral Aggressiveness and Ego Development. *Int J Psy* 31 156 160 1951

Further on, Dr Greenacre mentioned the rhythmical, repetitive practices which analysts use to facilitate listening. I believe that these are of the same nature as those most commonly found in young children, as consequences of the restriction of more highly organized motor activity. Under our cultural conditions of upbringing heavy restraint is placed on the expression of the child's motility, especially in the second year of life when the urge to move is more insistent than at any other time. Infants who are forced to sit, strapped into prams, or who live in close quarters, suffer from a heightened irritability which impresses some observers as an aggressive attitude, but which may be no more than the child's unspecific, diffuse reaction to the motor innervations which can find no proper outlet. Under such conditions rocking is resorted to as a relief. It is, of course, a regressive, not phase specific, manifestation, but here the regression is not caused by inner processes but by environmental influences by which the proper, more progressive and constructive avenues of discharge are blocked.

The able bodied analyst who finds himself in a position where his body is immobilized and even his mental attitude restricted to one of passive, expectant receptivity, may well suffer from similar irritations and relieve them by rhythmical, repetitive, mechanical activities carried out while listening. I believe that it is this discharge of the otherwise suppressed and distracting motor impulses which many analysts, I among them, find helpful for focusing their attention on the patient.

Here I turn from Dr Greenacre's contributions to some of the topics raised by Dr Hartmann. I take first his remark that the impact of development on infantile neurosis cannot be judged without using all the tools that child psychology has at its disposal. Quite apart from the closer relations between academic and analytic child psychology, which have to be developed still, I should like to emphasize that we do not use even our analytic tools always to their best advantage. For instance, when discussing the seducing influence of the mother's fixations on the phase development of the child, I have myself today used two examples which are open to severe criticism with regard to the method of investigation used. Both children were under analysis while the mothers were no more than observed and contacted. This is unsatisfactory as a method since in this manner we correlate findings of unequal value, the child has been studied analytically, the unconscious material of the mother avoided such inexactness in our Hampstead Clinic. Where we wish to investigate interrelations between id material in mother and child, we take both into analysis, their treatment being carried out by different

therapists, a third person in charge of the study linking the material

As regards Dr Hartmann's remark that precocious development may be as suspicious or ominous as the persistence of earlier phenomena, I agree with him up to a point I believe that precocity is cured often spontaneously when the progression of development catches up with it, regressive phenomena profit less from the spontaneous forward moves in the child.

I suppose we should be able to imagine an ideally normal inner development coupled with ideal environmental conditions where the processes of stimulation and discharge are always phase dominated, progressing gradually and together toward higher levels. On the other hand, as Dr Ernst Kris has stressed recently, environmental stimulation belonging to a higher level of development may be an essential factor for spurring on the progressive, forward moving trends toward development.

Finally, there is Dr Hartmann's complaint that it is actually very difficult to say what we call an infantile neurosis today. I have treated the same question recently in a paper on 'The Diagnosis and Assessment of Early Childhood Difficulties' where I have compared the circumscribed neurotic syndromes of the adult with the partly isolated, partly diffuse disturbances of childhood. You may remember that analysts used to debate for years whether a mental disorder deserved the name neurosis before the pathogenic conflict was fully internalized. Another suggestion was not to use the term neurosis before the divisions between id and ego on the one hand, ego and superego on the other hand are fully established. Personally I incline toward using this latter, structural aspect as the decisive one. But since there is today very wide divergence of opinion as to when the personality structure is set up this will still leave many authors with the concept of neuroses occurring in the first year of life.

CHAIRMAN KRIS

Thank you Miss Freud

Before I follow further discussions, I would like only to make a confirmatory remark on one point which Miss Freud has raised in speaking on rocking. In the recent literature on this topic, one gains the impression that restriction is one factor which instigates it and one investigator, Lurie,<sup>10</sup> has stressed a point which refers to a specific restrictive condition namely noncompleted maturation. He has found that among rock

<sup>10</sup> Lurie R. S. The Role of Rhythmic Patterns in Childhood. *Am J Psychiat*, 105, 1949

ing children, the next step in motor development, for instance, walking is, for some reason, delayed, most of the apparatus being ready, some parts of it not being ready. During this intermediate period, chances for frequency of rocking increase. These findings would add a normal maturational condition to the set of conditions which Miss Freud has mentioned.

Before I call once more on Dr. Hartmann I should like to call on a few discussants who are particularly interested in taking up one point which all three speakers made, namely the point concerning discharge modalities.

May I first call on Dr. Lewin.

#### DR. BERTRAM D. LEWIN

Dr. Greenacre's point about rhythmic and orgasmic discharge, if it should be established, should have an important bearing on the problem of differentiation of ego and id. For, if an organism succeeds rapidly in ridding itself of tension through orgasm, would not the ego have, so to say, a breathing space, a brief period like "latency" (in our sense and in the more general sense), in which it could mature undisturbed, and as it were have some time to think and deal with other things, or however you want to express this situation in early infancy. Freed from worrying about tension it would have time for other things, and the energy to learn about them.

Even in very early days I should imagine, at the time Miss Freud described so well in her Cleveland talk, such a rest would help in separating mother and child, and in breaking up some of the symbiosis. Judging from certain dreams which I have studied and reported, this symbiotic state occasionally reappears in sleep, and interestingly often with orgasm (or some orgasmic equivalent) to be followed by an attempt at fantastic independence, which sometimes is seen in hypomania. Yet the ecstatic sexual tension is not always dissipated in the orgasm and is complicated by a recrudescence of a very early anxiety.

As to fetishism there is surely an orgasmic problem there, and also a problem of ego boundary, according to Freud. It would indeed be important to follow whatever clues this state may reveal.

CHAIRMAN KRIS

Thank you, Dr. Lewin.

A comment on the topic of discharge processes has been offered by Dr. Escalona.

DR. SIBYLLE ESCALONA (by invitation)

It seems to me that a good part of this morning's discussion had to do with an effort at describing more exactly and in a more differentiated fashion than has been necessary for the development of theory heretofore, the various manifestations of discharge patterns as they may characterize normal development, or as these may be retarded or distorted in some fashion. The two major lines of thought have been Dr. Greenacre's suggestion that there are two different kinds of rhythms, and a tentative suggestion on the part of Miss Freud that she would tend to consider discharge patterns which are of the orgasmic type as being more in line with normal development progress.

I should like to add two or three considerations which may further structure this whole area of behavior, at the risk also of complicating it. When Miss Freud spoke, I was reminded of an idea which developed from a study of children who rock, and which can possibly be generalized to other discharge patterns in early infancy. In observing these children, I became aware of something which I think is more than an analogy, namely that those repetitive, self-stimulating motor habits, as academic psychologists would call them, as are exemplified by rocking, have something in common with addiction.

It would lead too far to go into all the points where one can relate these phenomena to addiction, but it has in common that what started out as a gratifying, pleasure-oriented activity becomes something which in itself does not yield pleasure, but becomes a necessary condition for functioning otherwise. There are a great many children who, unless they can rub their skin or suck in a certain way, cannot attend to people or to toys or cannot go to sleep. It is also characteristic of addiction that the amount of the addictive substance must be increased over time in order to yield the same result. In infancy the intensity of the experience would be the equivalent to the addictive substance. Children who can get by with limited amounts of moderately intense rocking, in certain cases, need to increase and increase in order to maintain a limited level of integrated functioning.

I had thought that it might be worth thinking about it as one aspect of the distinction between phenomena, which may represent disturbances in normal development as contrasted to those which can well be mastered as transient phenomena, that when they reach the point of addiction, then they have overstepped the boundary and are pathological phenomena.



It appears to me that this does not necessarily depend upon whether discharge patterns are to be classified more among the rhythmic or more among the orgasmic types of excitation. There are infants who as early as on the three and four months level show very parallel phenomena in relation to certain external stimuli, such as being able to see a TV screen. There are infants who do not eat unless they see that flickering and they cry if they do not, which is quite similar to the reaction of the addict when he is prevented from receiving drugs.

The second aspect I wanted to mention, which seems to me to be important, is that what we have been calling discharge phenomena, whether they are autoerotic or autoaggressive, are never just discharge, but are stimulating, exciting, arousing conditions. Another way in which one can try to understand the meaning of these behaviors appears to me to check on the balance between the self-stimulating aspects and the discharge aspects of the same activity. This gets one away from thinking about it in terms of an activity that has certain overt characteristics like sucking or pinching of the skin, or rocking, and more into what this does for fluctuating changes in ego state, or orientation to reality, or whichever phase you might want to choose. I do not know of any of the kind of behaviors that have been mentioned this morning which are not both, and cannot be both to varying degrees.

There are children who suck in anticipation. It is clearly a process of arousal. Observation would suggest that the discharge does not come from this activity at all, but a point is reached where massive discharge takes place and crying or fatigue intervenes, or else tension is dispersed in other motor activity due to diversion. The second consideration that it seems to me one might apply, is whether the child uses this behavior predominantly as a self-arousal device, whether it implies the meanings that Dr. Greenacre spoke of, facilitating the realization of the self, whether it is a screening off from the environment, whether there is a possibility of a balance between these two ways of using it, or whether it becomes preponderantly the one or the other.

My tentative impression is that if it becomes almost exclusively a mechanism of arousal, and minimally a mechanism of discharge, it is more on the symptom side and less on the progressive developmental side.

CHAIRMAN KRIS

Thank you, Dr. Escalona.

May I call on Dr Loewenstein who wants to make comments on the presentations by Dr Greenacre and Miss Freud

DR. RUDOLPH M. LOEWENSTEIN

In this free exchange of views, there are very encouraging differences of approach and of concepts introduced. In the hope that these different approaches can ultimately be integrated in an all encompassing formulation, I should like to emphasize the differences between Dr Greenacre and Miss Freud.

Dr Greenacre stressed processes of discharge and stimulation. She stressed particularly the phase specificity, or lack of it, and its relationship to the quantity of stimulation. These are extremely valuable contributions to the basic conceptions with which we operate.

During the discussion, there was very much said about these things by Dr Hartmann and Dr Escalona. These, I believe, might permit us to try to synthesize the various approaches and concepts used, namely, on the one hand, the more quantitative concepts of Dr Greenacre, and on the other, the more qualitative concepts used by Miss Freud. The latter indeed relate to specific object relationships as, for instance, in the case of a five-year old Miss Freud mentioned, i.e., problems aroused through specific qualitative differences between mother and child.

One could use the concept of stimulation and attempt further qualifications. Following a recent paper by Victor Rosen,<sup>20</sup> who quoted Bergman and Escalona's paper<sup>21</sup> on the threshold of stimulation, one could wonder whether what Dr Greenacre describes in terms of amounts of stimulation, might be due to differences of threshold of stimulation. One can also distinguish between stimulations provoked by inner processes and those provoked by outer processes, whether they are of the nature of gratification or of frustration, whether they are also due to qualitative differences of stimulation.

This would lead us to the very intriguing problem that we are not always able to determine whether a fixation point is due to a gratification or a frustration. For instance, stimulation might be aroused by the non gratification of a given drive.

One might also introduce here a new variable, namely, the amount of passivity and activity. I think what Miss Freud said lends itself to the use of these concepts. We should not forget that passivity can be conceived of as an absence of drive toward an object or an aim, but also

<sup>20</sup> The Reconstruction of a Traumatic Childhood Event in a Case of Derealization. *J Am Psyc Assoc* in press.

<sup>21</sup> Bergman P and Escalona S B., Unusual Sensitivities in Very Young Children. *This Annual*, 3/4, 1949.

in the sense of passive aims of drives which might very well be very actively demanded

I believe that the essential importance of passive aims in early childhood, or the passive form of the phallic phase, is due to the very helplessness of the infant, who can have practically only passive gratification. This is so, not only because the object relationship is not developed, but also because of the absence of maturation of motility at that age. Thus the aims the gratification of drives, can only occur in the passive forms of being loved, being fed, being stimulated. The essential change probably occurs with the child's ability to stand up, to walk, to integrate, and also to impose changes on the objects. From that point on the active part of the phallic object relationship might be stimulated, might be gratified.

Permit me to make one additional remark about Miss Freud's beautiful lecture on Wednesday in which she described the first half year of development of a child in terms of need gratification. She mentioned that her emphasizing this point may be a reaction to Melanie Klein's trend to date back into the first year complicated object relationships which develop only later, that this led her to emphasize the physiological need gratification, and maybe minimize the already existing beginning of object relationships in the first year.

During the first year, one can clearly observe a very specific learning process namely the infant's attempt to understand what the mother feels and thinks. A child I observed at the age of six weeks displayed facial expressions which were the exact imitation of his mother's at that moment while looking at her intently with an expression in his eyes which in an older child or grownup, one could compare to 'drinking with his eyes' the other person I do not believe this to be an isolated phenomenon. I believe that children try to learn very early what the grownups think by means of this specific form of identification. It is obvious that this type of imitation is not equivalent to those complicated object relationships which Melanie Klein describes at that age, but which I believe eventually leads to them.

May I add one remark about motility, because this topic has interested me very much. I want to compare children's rocking with a very unpleasant habit of certain adults, namely the rapid rhythmical movement of the legs either of one leg or both. These are never people who move around a great deal. This rhythmic movement occurs when they are irritated and that is why it irritates us. The restriction of their motility may be considered responsible for that kind of particular localized regression to infant's rocking the rhythmic movement of their legs.

CHAIRMAN KRIS

Thank you, Dr. Loewenstein  
I now call on Dr. Edith Jacobson

DR. EDITH JACOBSON

May I first refer to the discussion on various rhythms. Only a few years ago, as Dr. Greenacre may remember, I took up the distinction between these two types of discharge which she discussed, in a paper on the pleasure-unpleasure qualities of affects in relation to the speed and rhythm of discharge.<sup>22</sup> In this paper I pointed out something that relates to what Miss Freud said, namely, that one should study and compare the different speeds in the discharge of libido and aggression, and relate them to the various rhythmical activities that we find in the child.

It was remarked before that certain activities, for instance head knocking, seem to belong more to the sustained types of rhythm, though they have something explosive. These qualities and the choice of a certain activity for discharge and for obtaining gratification, may be related to the varying mixtures of libidinous and aggressive energy and of either object or self-directed erotic or aggressive discharge.

But now I want to come to Miss Freud's lecture and to bring up just a few questions. Miss Freud talked about forerunners of object relationship. My question refers to the beginning of object relationship. If I understood correctly, Miss Freud said that the anachronic object relationship starts rather late, at around one year. Was that misunderstood? [Miss Freud indicates that it was a misunderstanding.] Good. That was one of my questions.

The other problem is this. I understood Miss Freud to feel that during the earliest infantile period there is only a need satisfying or need frustrating mother. I don't know whether it would be correct to relate this phase to Melanie Klein's stage of part object relations? I furthermore understood that there is a precipitation of this first type of experience in the primitive ego, the forerunner of an identification with the frustrating mother, which then has much to do with the hostility of the ego toward the instinctual drives. I wonder if this means that this earliest kind of identification precedes object relationship. I would be very grateful if Miss Freud could clarify that.

I also must admit that the idea of hostility of the ego toward the drives, based on the infant's earliest identification with the frustrating

<sup>22</sup> *The Affects and Their Pleasure-Unpleasure Qualities in Relation to the Psychic Discharge Processes in Drives Affects, Behavior* ed. R. M. Loewenstein. New York: International Universities Press, 1955.

mother, has raised doubts in my mind, in view of Freud's concepts of hallucinatory wish fulfillment, the "identity of perception" leading over to the "identity of thinking." In other words, isn't the development of ego functions relating to anticipation of pleasure and ability to provide pleasure—isn't this development also strongly influenced by those first reflections of what we might call the good, gratifying mother, in the ego?

I would be grateful for some discussion of these questions

CHAIRMAN KRIS

It is now fitting for Dr. Hartmann, who opened this morning's discussion to close it.

DR. HEINZ HARTMANN

I want to make only a few short points. Dr. Lowenstein raised the question of thresholds. I agree to what he said and referred to the problem in speaking about the relationship implied in such concepts like, e.g., trauma.

As to bridging the gap between the quantitative aspects of rhythm and the qualitative side of mental functions, this is one major aspect of what in analysis we call ego psychology, because this part of psychoanalytic contributions tries to present qualitative phenomena in terms of metapsychological concepts. I repeat—I was told that this point was not clear—that the whole question of rhythm should be, and must be, extended to the realm of ego function, and not only to the ego functions that are directly patterned after instinctual forms of discharge. We must also consider these rhythmic functions in the development of autogenic ego functions. A similar problem has also been studied in many other fields, for instance, in the social sciences; careful investigations have been made on the function of rhythmical activities in work, and it was found that many activities actually profit from their being rhythmical. I should hope that what we heard about the rhythmic activities of the analyst are of that kind.

Then I will just mention that the question of the head knocking and rocking activities must be considered from the angle of the repetition compulsion as well as from the angle of other forms of repetition that are not beyond the pleasure principle. Little has been said about the role of aggression in these activities. It was mentioned by Miss Freud, but I think much more could be said about it. Though the rhythmical character of aggression is less specific than that of libido, aggression nevertheless does have some kind of rhythmical quality. I even think that some

aspects of aggressive actions are, in certain respects, comparable to orgasm—i.e., in the way the individual builds them up in activities comparable to forepleasure, until finally a kind of orgasmic discharge results

Thank you very much

CHAIRMAN KRIS

Thank you, Dr Hartmann

We close this morning's meeting and will reassemble in the afternoon

CHAIRMAN KRIS

Ladies and Gentlemen We start on our afternoon session, and I should like to introduce it very briefly by pointing once more to the fact that the fifteen years, of which I spoke early this morning have really produced a large number of new thoughts and ideas which are not disconnected with our previous views, but seem to add to them. At the same time they seem to focus our attention on problems to come

I should like to attempt to establish a bridge between the main topics of discussion this morning and the topics or some of the discussion of the topics of the afternoon

The complexity in all that concerns the development of infantile neurosis and, as it has been said the relation of infantile disturbances of various degrees of intensity and degrees of internalization to normal development becomes very obvious from what he have heard. The interaction of various factors and the large attention played by the time element in this interaction is striking

I would therefore, focus for a minute on two problems, namely on the time factor, as far as it concerns synchronous and diachronous developmental processes, and the relationship of this first to a second wide, vaguely defined and yet essential area, namely that of innate factors or equipment

Synchronous and diachronous development of various groups of needs, impulses and organizations stood in the center of what Dr Greenacre said, and not in the center but still on the periphery of what Miss Freud said. It is one of the factors which in relation to ego development, has been considered repeatedly. When Freud spoke of the prematurity of the ego development in obsessional neurosis he introduced this point of view

We now understand that prematurity and retardation may be different aspects of such synchronous and diachronous development. Retardation or advancement may both interfere with phase specificity. Phase specificity itself is no longer characterized only by maturational processes,

concerning psychosexual development. It is characterized to the same extent by processes in the development of the ego, and in the development of object relations by the reaction and interaction of the child and the mother. This relationship does not remain the same but changes over periods of time. As both Miss Freud and Dr. Hartmann pointed out, the mother reacts to the development of the child. You will see that some of those who present prepared discussions this afternoon have similar points of view in mind.

At various points in the discussion reference was made to the equipment of the child, that unknown factor which in the etiological formula of Freud's is referred to as the constitutional element.

You remember the child in Miss Freud's first example who on the fifth day, refused to drink from the mother's breast. Miss Freud pointed out that we shall never know for what reason. I would suggest a broad formulation: perhaps there are children, groups of children, who are less well disposed, less easy to handle at the breast, as there are children who have less need to be close to the mother's skin than others, children who do not cuddle, who are not comforted by being picked up. I mention this because the unity of mother and child in sleep was one of the points which Miss Freud made in her Wednesday paper. I here refer to the possibility that even at a very early age, variants in need for bodily proximity exist.

In our observation in longitudinal studies<sup>23</sup> we have seen such children as neonates and their reaction to certain types of comforting were different. In fact, it seems that from various angles, and at various points in analytic thinking, the problem of such predisposing factors in the primary autonomy, to quote Dr. Hartmann, in the apparatus of the ego, influences the later development.

I shall now present to you the program for this afternoon. We will start with some of the questions which have been left over from this morning. Then Miss Freud will speak. After that we will have several short presentations and a general discussion to be concluded by Miss Freud.

May I now ask Dr. Spitz to open this afternoon's discussion.

DR. RENE A. SPITZ

I have been asked to be brief. I will therefore not be able to organize what I have to say as I would have wished. For we are confronted with an enormous wealth of information and suggestions which we have received from Miss Freud on Wednesday and today, not to mention the

<sup>23</sup> Conducted at the Child Study Center, Yale University Medical School.

issues raised by all the other speakers I will link what I want to state with the point where Dr Kris had just left off

He spoke of synchronous and diachronous development and of the problems which this presents to us and of what happens in what he has called diachronous development I myself prefer to think of such cases in terms of an *imbalance* of development Miss Freud as well as Dr Hartmann have mentioned that such an imbalance may possibly be a retardation or an advance in one particular sector of the development I will add to this that the advance or the retardation as the case may be, need not be based on a norm of development but can simply represent either the relative retardation or the relative advance of *one* sector of the development as compared to the rest of the development within the child's personality

The problem is here what the congenital equipment's significance may be in such a state I will try to elucidate this by referring to the case of which Miss Freud has spoken *that of the five-day-old infant who refused to suck* She said that we will never know what actually caused this refusal just as we may never know what caused the refusal to cuddle in the infant mentioned by Dr Kris

Let me describe to you the case of an infant observed by me beginning with delivery Immediately after delivery this infant refused to suck and did so consistently during the following five days An attempt was made to feed this infant from the bottle with milk expressed from the mother's breast The mother could deliver milk from her breast into the bottle when we expressed it The infant when not at the mother's breast was able to drink this same milk However when the infant was at the mother's breast it was not able to suck We may well speculate what was going on here—I believe it was something that was hinted at by Miss Freud when she said that it was not necessarily the *actions* of the mother that influence the child I do not believe that Miss Freud wanted to restrict the possibilities of *influences* prevailing in the situation to this simple statement but that she also would include the *reactions* of the mother to the child I would complete this by saying that this is a circular interchange in which it is rather difficult to establish where it begins even when you observe it from the very first minute at birth Sometimes however we may be able to determine the beginning of such a circular reaction though more often we may not be able to a greater refinement of our investigative tools for the purpose of studying the child's endowment at birth will be one of those future developments to which we can look forward

Proceeding to another subject which was mentioned I wish to say a



few words about the problem of rocking as it relates to what Dr Greenacre spoke of in respect to the two rhythms. She has warned you not to oversimplify this formulation of hers, I definitely believe that it should not be oversimplified, because in every such activity, including sexual intercourse, we see both the orgasmic and the rhythmic pattern. Again it would be rather difficult to separate them, particularly in regard to rocking. I wonder whether I understood Miss Freud correctly, but I believe she said that the repetitive patterns would be the unwelcome ones, where as the orgasmic the welcome ones. Welcome to whom? Welcome to the mother and the therapist? Or welcome to the child? Welcome from the point of view of the child's development?

If we think in terms of achievement of the genital level, the orgasmic patterns, of course, would be the welcome ones. But there I am stumped by my observations on rocking. I completely concur with Miss Freud on the fact that rocking is a fairly normal phenomenon in children, and seen in most children in some minimal way at least at some time in life. However, there are those children where rocking becomes an exclusive and pathologic phenomenon. I have seen a number of such children who drove this rocking to the point of what one could only consider an orgasmic satisfaction. It had all the characteristics of orgasm, with the exception, of course, of the appropriate discharge in the genital region. It had this characteristic of orgasmic satisfaction more than any other autoerotic activity I have ever seen in children in the first year of life, including the genital activity. In all the series of over a thousand children I have seen and observed, of these four hundred long term and continuously, I have never in the first year seen an orgasm stemming from genital stimulation. I have studied the literature on this topic pretty thoroughly. It is full of stories of children achieving orgasm in the first two years nevertheless I remain suspicious in regard to these reports. I have gained the impression that three kinds of approaches are prevalent in the literature: one is the wish fulfillment of the author; the second is the projection of the author's needs on the children, whether this need be sadistic or otherwise, and the third and rarest kind of approach in this literature may be objective.

To come back to the question of rocking, I would like to ask Miss Freud whether she has not seen this kind of pathological rocking ending in head banging. It would seem quite natural to me that rocking can lead to the development of head banging added to which I frequently have seen a hair pulling syndrome. If we do not see this rocking pattern in transference reactions of our patients in analysis may that not be due to the fact that the analytical couch actually does not lend itself well

to the rocking syndrome. On the other hand, I have seen a type of patient who in the transference developed head hitting, such as I have seen in the rocking children. I possess a rather interesting film taken by me in which a child consistently hits its head with its fist. I have also seen patients who in the transference began to tear their hair, frequently in the same manner as I have observed it in the children who were suffering from the rocking syndrome.

Finally, I would like to come back to the question raised by the case of the five-day old who would not suck. Miss Freud said that at the oral level the child was rejecting the mother, whereas at the anal and phallic level, the mother was rejecting the child. The child's development, however, went on in its normal or relatively normal course. As a result of this alternation of this nonsynchronicity of the two aspects, a complete confusion ensued. Miss Freud added that she did not think that the mother's personality caused the so called neurosis. I do not have the time to go into the question of neurosis in the first year of life, something which I do not believe exists, I do believe that it is the fixation point in the mother's personality which causes a disorganization in the orderly development of the child. I fully agree with this formulation. However, I ask myself: What are the fixation points in the adult personality, if not our analytic points of reference in defining the personality of the adult?

I will limit myself to these few remarks, though I would very much like to discuss both the sleep and skin contact problems as well as that other formulation of Miss Freud, so welcome to me, namely that the first three to six months is the period of need satisfaction—I think we are there approximately in agreement—and that after that comes the period of what she appears to call and what I would certainly call the beginning of true object relations. The phenomena which precede these and which were described by Dr. Loewenstein, I would call precursors of object relations.

CHAIRMAN KRIS

Thank you, Dr. Spitz  
Dr. Robert Waelder

DR. ROBERT WAELDER

I should like to comment on three points made by Miss Freud this morning, viz. the 'rejecting mother,' the seduction of a younger child by an older one, and her observations on the development of children who survived the concentration camp.

As far as the rejecting mother is concerned, I understood Miss Freud's

view to be that while the mother does not create the neurosis of the child, her fixations and predilections may yet determine the orderliness, or disorderliness, of the child's development. I liked very much Miss Freud's approach, viz., to widen the problem of maternal rejection, on the one hand by considering both rejection and stimulation, and on the other hand by differentiating between the reactions of the same mother to the various activities of the child. This approach does away with the somewhat fantastic notion of average mothers hating their children and gives us instead the realistic picture of mothers rejecting some trends in their children and stimulating others. This concept can serve to specify and to supplement our old concept of the *Ergänzungsreihe*—the complementary series—of constitutional and environmental forces, in the sense that the environment has a selective influence upon the development of the constitutional endowment, by encouraging some trends and discouraging others.

In a discussion between Freudian analysts and culturalists which took place in St. Louis a week ago<sup>24</sup> a similar question was discussed. Is it man who creates his environment and the environment that shapes the individual. Some of us felt that the answer to this question may well be that it is the individual who creates things but that the outside world—reality—determines the survival value of his creations. I had an opportunity to quote the noted geographer Sir Halford Mackinder who had said of the relation between man and the geographical conditions of his environment: 'Man and not nature initiates but nature in large measure controls.' Perhaps we can say that the environment in large measure controls which of the inborn drives of the child—or of his ego attitudes—are encouraged, which discouraged.

There is, of course, the further complication to which Dr. Kris and Dr. Spitz have called our attention, viz., that the personality of the child may in turn change the mother. I wished we knew more about it.

Regarding the second point Miss Freud stated that while an older child who seduced a younger one is usually not harmed by the experience, the younger child invariably is because he is either induced to respond on his own, immature, level or else is pulled ahead prematurely. No doubt such damage can often be found, but I would question whether it is inevitable. If it were, most children must have suffered such damage. Could it not be that stimulation by an older child may often merely speed up the development of the younger one without causing any traceable damage? Of course, it all hinges on the concept of prematurity. Miss

<sup>24</sup> Panel on the Re-evaluation of the Instinct Theory. Annual Meeting of the American Psychoanalytic Association, May 1954.

Freud's criteria for undamaged development in this respect was that stimulation and discharge are on the same level—which is difficult to assure in a natural, not artificially controlled, environment

My third point refers to Miss Freud's very important observation that concentration camp children often show an impeded, but not necessarily severely pathological, development up to puberty, but that they are apt to break down in puberty. I should like to ask whether there is anything in the material to suggest whether this breakdown is an unspecific response to the severity of the stress they have undergone or a specific response to the very nature of this stress, *viz*, the lovelessness, the cruelty, of their early environment

Physiological analogies should be used with caution but we may remember that in the recent research about stress it has been found that organisms exposed to severe, permanent stress may adjust to it and function in a way approaching equilibrium but that they are likely to break down if another stress is added to it—as though reserves had been used up by the difficult adjustment. Miss Freud's observation might be open to such interpretation

CHAIRMAN KRIS

Thank you, Dr. Waelder

I should like to call now, for a brief question on Dr. Davison

DR. CHARLES DAVISON

I should like to ask Miss Freud whether, in connection with rocking and knocking movements, she has also noticed humming movements, because in some of the mental defectives humming, or later on a monotonous singing of one song is not an infrequent occurrence

CHAIRMAN KRIS

Thank you, Dr. Davison

We now turn to Miss Freud with a very large set of problems. We all may be wondering how she will handle them

ANNA FREUD

I am glad that some of the last speakers raised points which give me the opportunity to refer back to my Anniversary Lecture, to fill in gaps and to clear up misunderstandings. The latter would never have arisen if the lecture had not been held before a mixed audience, a fact which made it inadvisable to devote as much time as I should have liked to the problems of earliest life on which we center our interest today

Dr. Loewenstein, Dr. Jacobson and others have expressed concern whether in my exposition I did not minimize unduly the beginnings of object relationship in the first year of life. I do not agree that I have done this. I agree with them and all other authors who have dealt with the subject that the first year is the time when the first, basic object relationship is formed and maintained, i.e., that the happenings in this period decide how the capacity for object relationship will develop in a human being. What I emphasized in my lecture was a different point. I said that, perhaps, we have never fully entered into the implications of the concept of an "anaclitic" relationship. To me this means that the first attachment to the mother follows a pattern which has originated elsewhere and carries over into the mother relationship attitudes and elements which shape it. The other realm from which these elements are drawn is a lower level of psychological life which precedes and underlies the later more complex one. There is, I believe, in the first weeks after birth a phase where the body needs, such as the need for intake and output, breathing, sleep, skin comfort, movement, etc., reign supreme. Dr. Loewenstein is right here when he says that I emphasize the physiological side. I do believe that the sensations which are connected with the arousal and fulfillment of these needs are the first mental representatives of the body, that is, that they form the first content of the mind. Perhaps it is a difficult step for analysts who are used to the complex nature of mental operations to picture a state of mind of such extreme simplicity. On the other hand, it is one of the oldest psychoanalytic assumptions that pleasure and pain are the first mental qualities between which the individual distinguishes, and that one of the first mental achievements is the ability to imagine, and what is more, to hallucinate wish fulfillment.

Dr. Jacobson is right when she suggests that the child's relationship to the mother in this period coincides with the attitude described by Melanie Klein as that to the "part object." I mentioned this in my lecture, as well as other descriptions given by other authors. Dr. Hartmann calls it the phase of "lack of object constancy"; Dr. Hoffer speaks of the object being included in the "internal milieu." What leaves me dissatisfied with these formulations is the fact that in their very terminology they stress the importance of the *object* whereas the child is dominated by the *need*. It is true that the mother's breast, or the bottle, have to be present so that the child can drink. But what is cathected with libidinal interest at that stage is the moment of blissful satiation, not the object which enables satiation to be obtained. I believe that we neglect the differences which exist between the object of a need, or a drive, and a love object. We should speak of the latter only after libido cathexis has

been transferred from the experience of wish fulfillment to the (material or human) object by means of which satisfaction comes about.

I have suggested that we find the offshoot and the best illustration for these early processes of need fulfillment in the *Leibnitz Traum* (a dream in which a body need which is present during sleep is fulfilled in a hallucinatory manner). Such a dream culminates in the moment of imagined relief, whether the need felt is urination, hunger, a sexual wish, the object which has to be pictured to make the attainment of the wish possible is treated in the dream as a means to an end, a convenience.

On the other hand there is no doubt that the object of the need (or drive) becomes the first love object. I do not know when this happens. I should imagine that it occurs toward the middle of the first year, and that it happens very gradually, so that we are not able to say at which particular moment in time the shift of cathexis has occurred. And even then there is no such thing here as a clean break. It may be wrong altogether to use chronological terms here instead of terms designating psychic structure. After object cathexis has been established the former attitudes which belong to the phase of need satisfaction continue to underlie it. This can be studied better in those pathological cases of adult life where the individual regresses from the higher level of object relationship proper to the lower and more primitive one of treating the object as a need satisfying convenience. In such instances there will be no difficulty in tracing back the regressive shift of cathexis from the image of the object to the experience of wish fulfillment. The lower level of relations between individual and environment will emerge again in such states and put the more mature and complex one out of action.

This brings us to two further questions which Dr. Jacobson addressed to me. She asked whether according to my idea identification with the mother precedes object relationship with her and further why I think that the frustrating side of the mother is singled out for this earliest identification. I can only answer that neither of these points is contained in my assumption. On the contrary I stressed that all the early impersonal experiences of the need satisfying phase are translated gradually into the personal terms of relations with the mother. In an increasing degree the mother is recognized as the source of pleasure and displeasure and cathected as such. I did not mention the processes of gradual identification with the mother which of course set in here. In this respect I had nothing to add to our usual assumptions. I take it for granted that identification takes place with both aspects of the mother: the satisfying as well as the frustrating one.

What led the listeners astray here was, I believe, my speaking of iden-

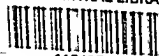
tification or internalization not yet with the mother, but, in the earliest phase of life with the conditions which govern the processes of wish fulfillment and frustration. With the step from intrauterine to extra uterine life, need satisfaction becomes incomplete, there is never as much as the infant demands and it never arrives quite as quickly as expected. Wish fulfillment is delayed, and pleasure is rationed and curtailed. I believe that these disappointments and frustrations make an indelible impression on the infant's unformed mind and become embedded in the ego structure. Later on, it will be the task of the ego to react in a similarly restricting delaying rationing function toward the strivings of the id. Probably these are the first beginnings of what will develop later into the reality principle.

Dr. Jacobson further stressed the point that the ego, far from being always hostile toward the id forces, has as one of its main tasks the function to anticipate and provide pleasure. This argument has been raised repeatedly in earlier discussions. Certainly, I have never doubted that the ego, by becoming perceptive and knowledgeable for the environment, makes wish fulfillment safer than it is for a wholly impulsive being who acts blindly. It is only that, in return for greater security, the individual has to put up with the restrictions of wish fulfillment which are imposed by the modes of functioning which are characteristic for the ego. We can compare this state of affairs with the setting up of a Civil Service in a modern state. A public administration also exists for the purpose of fulfilling the wishes of the citizens. But wish fulfillment of this type proceeds slowly. The citizen has to plead his cause, to petition, to urge, to wait for an answer. When the answer arrives it may give him less than he has asked for. Similarly, the id, as the citizen, strives for gratification at any price, the ego as administrator, takes a multitude of other factors into account before giving favorable consideration to the request.

As regards the variants in needs to which Dr. Ernst Kris referred in his contribution I want to emphasize that I am, like himself, a firm believer in the constitutional differences between infants. I agree with him that we should observe which particular frustrations and fulfillments are felt most sharply by a particular infant. When doing this, we learn something about the inherited constitution of the child. Where longitudinal observation can be carried out it will show what connections there are between the prominence of a need belonging to a particular body area (breathing apparatus, intestines, motor apparatus etc.) and the location of later psychosomatic disorders.

Leaving on one side the topics contained in my own lecture, I return now to the discussion of other contributions, and to the topic of auto-

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erotism which was taken up by many speakers I was particularly impressed by Dr Lewin's suggestion that the orgasmic type of rhythm in the autoerotic activity has the great advantage of ridding the organism of tension in a more effective manner, this provides breathing spaces for the child which are important for the progress of quiet maturation I welcome the reminder that we should not neglect to make a differentiation between autoerotic practices from the point of view of their efficiency in dealing with tension I believe this sheds further and necessary light on the interplay between phenomena such as tension, autoerotic habit, and disturbed or undisturbed development.

Dr. Davison asked whether, in connection with rocking and banging movements, we have also noticed the incidence of humming, or monotonous singing of one song, the latter being observed frequently in the case of mental defectives So far as I know, this type of humming does occur in the second year of life I believe that the connection between it and the other repetitive practices is as follows

Children who are rockers and head knockers are usually of the type more concentrated on themselves than on the object world This narcissistic attitude has its consequences for speech development where they linger longer than others on a preliminary stage which consists of making pleasurable sounds which have autoerotic or narcissistic quality only Hence the humming and singing to themselves at a time when sounds should be used already to establish the first verbal connection with the environment

Dr Spitz asked whether I have seen rocking leading to head knocking The facts are that I have seen many rocking infants who did not add head knocking to their practices On the other hand, it is rare to see a head knocker who did not go through a period of rocking before knocking developed In spite of the qualitative differences between the two practices, this points to some very close relationship between them

In spite of the detailed attention paid in this discussion to the problem of autoerotism, I feel that one aspect of it has been conspicuous by its absence I refer to the question whether autoerotic activities exist in their own right as the expression of the child's relationship to his own body, or whether the body is used only as a substitute for the mother, and has to fill needs which have been frustrated by her In the interval between the sessions of this Symposium Dr Max Schur described to us the interesting case of a child where the autoerotic activity repeated quite unmistakably a pleasurable action carried out formerly by the child's mother As regards our literature, it is important to remember that several schools of analytic thought, such as the followers of Ferenczi, of



Melanie Klein and others, do not recognize autoerotism except as an offshoot of and substitute for the relationship to the mother

Dr Robert Waelder offers the helpful formulation "that the mother, as the earliest and foremost representative of the environment has a selective influence upon the constitutional endowment by stimulating and encouraging some things and discouraging others" This is what I had in mind when I expressed the conviction that the mother is not responsible for the child's neurosis, even if she causes "chaotic" development in some instances By rejecting and seducing she can influence, distort and determine development, but she cannot produce either neurosis or psychosis I believe we ought to view the influence of the mother in this respect against the background of the spontaneous developmental forces which are active in the child Then, we are faced by the question how far innate trends toward the normal can be deflected by environmental influence I agree with Dr Waelder that the answer to this problem will imply the old psychoanalytic concept of a complementary series of internal and external factors

Dr Waelder and I are not of the same opinion where the question of seduction of younger children by older ones is concerned He may be right that not all seduced younger children head for pathology Here again, the inner trend toward normality may help the child to cope with the experience Still, I should feel less alarmed when I see an actively phallic little boy enjoy himself with a group of girl playmates than when I find a helpless infant of the oral or anal stage who has to submit to the curiosity, the aggressions, and the sexual advances of an older child

CHAIRMAN KRIS

Thank you, Miss Freud

We start now on a number of selected prepared discussions which have been offered by child analysts

[The Editors regret that for technical reasons these prepared discussions could not be included in this Volume Dr Judith S Kestenberg reported on observations from a longitudinal study (conducted jointly with Jacqueline Friend) These observations tended to demonstrate the existence of congenital patterns of drive processes Dr Marianne Kris presented a case report and followup study entitled *Recuperative Mechanisms in Earliest Childhood* Dr Grace McLean Abbate presented data on "The Infancy of a Presumptive Borderline Case" in which an unusually early interest in the child's own mirror image was described Dr Mary O Neil Hawkins presented material from the analysis of a musician tracing the impact of the specific way in which toilet training was enforced on the later development of the patient.]

CHAIRMAN KRIS

I now shall call on a number of speakers who may wish to comment on any of the topics discussed today or on Miss Freud's Wednesday paper. I first call on Dr. Bell.

DR. ANITA BELL

My comment will be concerned with the variations of need satisfaction. Some time ago we studied twenty-eight infants who had colic, the typical infantile colic, with no complications.<sup>25</sup> These children were given a pacifier, and strangely enough, practically within one day, these children lost their colics. Most of them gave up the pacifiers spontaneously at the end of one year; only two children kept them for two or more years. One of these children had a cerebral concussion due to an accident, the other had a severely disturbed family.

In one of these families two children had infantile colic; one child was rocked when nothing else helped and could be made quite comfortable by the use of rocking rather than the pacifier, the other responded only to the pacifier.

The second thing we noticed—and again here is the stain on the sheet Miss Freud referred to—a child who had been a premature baby, and I bring this up in terms of rocking developed mumps at approximately the age of one year. This child was rocked for an entire day by the mother. He was so comforted by it that the pediatrician commented on so remarkably mild a case with so much swelling. I mention this prematurity because this was a seven-months baby, and I think that maybe there is a connection with the balance that the organism tried to maintain. If one satisfaction cannot be obtained, at the appropriate time, another is substituted as acceptable.

CHAIRMAN KRIS

Thank you, Dr. Bell.  
Dr. Mittelman.

DR. BELA MITTELMANN

I should like to go beyond Miss Freud's Wednesday presentation and refer to some aspects of motility she described in *Infants Without Families*.<sup>26</sup> I will be epigrammatic because there isn't enough time.

<sup>25</sup> Levine, M. T. and Bell, A. I. *The Treatment of Colic in Infancy by Use of the Pacifier*. *J. Pediatr.*, 5: 750-755, 1950.

<sup>26</sup> Freud, A. and Burlingham, D. *Infants Without Families*. New York: International Universities Press, 1944.

First of all, if one observes the development of infants and children, motility dominates the second year of life to an extent that justifies our speaking of a motor phase of ego development, and I would add, of libido development<sup>27</sup>

I urge you again to read, if you haven't read, a two page description of how infants behave in the second year of life in the Hampstead Nurseries. It was an unusual opportunity to make these observations, but in children who are not restricted, who are not tied to their places and who are not put into perambulators, you find exactly the same phenomena.

Now whether you want to emphasize the libido aspect or the ego aspect is up to you. The issue leads to all kinds of conceptual problems. I believe this motor urge is one of the factors responsible for analysts engaging in rhythmic activities. By the way, motility is discussed in 'Three Contributions to the Theory of Sex,' where it is spoken of practically as one of the component instincts.

I should like to add two other very brief remarks about motility and its constitutional aspects. Not all constitutional or congenital tendencies are manifest at birth. New trends appear at different times. The most classical illustration is a boy with a straight Greek profile who develops a heavy aquiline nose when he reaches puberty. The father has the same aquiline nose.

You will find differences in the motility of children in the same family or in other families or find striking similarities among the children in the same family, e.g., two infants bouncing and their mother bouncing when an infant. Such differences and similarities are not adequately accounted for by environmental handling. Therefore we must assume that at different periods of life, in the eighth, ninth or tenth month, or in the third year of life, new constitutional elements become manifest.

As to rocking about three out of five normal infants rock, but all these autoerotic activities and I want to bring in this additional point, should be adequate to the stimulus and to the situation. This normal rocking occurs when the infant is put into his crib, and before he is taken up at night. During the day, he may spend two, three, four hours without ever rocking except as a transient activity.

In general I believe that motility has been a stepchild of analysis for practically fifty years, which is particularly surprising in view of the fact that conversion hysteria, an object of early psychoanalytic investigation, is a motor disturbance. Apart from that it has so many implications that it should be studied with the greatest attention.

<sup>27</sup> See pp. 142-177

CHAIRMAN KRIS.

Thank you, Dr. Mittelman  
Dr. Mahler.

DR. MARGARET S. MAILER:

I should like to emphasize the following points Miss Freud spoke about benign and more malignant autoerotic patterns among the two types of rhythms described by Dr. Greenacre. Miss Freud said that we should further search for criteria enabling us to predict or to evaluate the constructiveness or malignancy of those autoerotic activities. As an example, I should like to refer to the five-year old girl mentioned by Miss Freud, in whom the persistence of an isolated, repetitious and phase-inadequate pattern was not an indication of pathological regression at all. Such isolated, quasi regressive behavior patterns do not necessarily signify pathology. I was reminded of a prototype of such phenomena, namely, isolated tics. These were described many years ago by Ferenczi,<sup>28</sup> who pointed out that such tics occurred and existed in an isolated form completely demarcated from the rest of the personality. In my studies on motility and tics,<sup>29</sup> I found that such tic phenomena may have the significance of providing even safety valves, besides remaining isolated from the other rather well integrated areas of the personality. I believe that these and similar autoerotic activities or patterns, in adults as well as in children, have a definite aggression and libido-economic function. I surmise, for instance, that the little girl spoken of by Miss Freud, may have used her rhythmic autoerotic activities as a means of relaxation, a transitory regression from her highly complicated ego functioning during the day. Whether such phenomena are of a benign or malignant quality, we are able to gauge only in the context of the total personality picture, a consideration whose importance Dr. Hartmann rightly emphasized again.

Another point which I want to mention refers not so much to intra-psychic emotional balance, but to the equilibrium of the mother-child unit.

Both rhythms described by Dr. Greenacre are aimed at achieving a kind of homeostasis, though it would seem that the activity is carried out for the purpose of stimulation. Dr. Escalona said that we should distinguish between autoerotic activities that are soothing and those that are

<sup>28</sup> Psychoanalytic Observations on Tics. *Further Contributions to the Theory and Technique of Psycho Analysis*. London: Hogarth Press, 1921.

<sup>29</sup> A Psychoanalytic Evaluation of Tic in Psychopathology of Children. *This Annual*, 3/4, 1949.

stimulating I would like to emphasize that there are two sets of stimuli which act upon the baby and account for his homeostatic balance. There is a certain amount of excitation coming from the inside of the body, the so-called proprioceptive stimuli, and its counterpart, sensory perceptions coming from the environment, particularly impressions conveyed by the mother. Miss Freud reminded us that we may think also of pregenital patterning in terms of two people joined to achieve what, for brevity's sake one might call homeostatic equilibrium. Likewise, it is obvious that whenever the mothering part of the symbiotic relationship is deficient, the baby has to provide, with whatever means he has within his own autonomy, the complementary patterns and the complementary modes of stimulation or of rhythmical soothing activities which the symbiotic partner fails to provide (autoerotically or autoaggressively). This is, by the way, something that I believe Margaret Ribble<sup>29</sup> observed and pointed out some years ago, even though not in the same words and the same formulations as we use today.

CHAIRMAN KRIS

Thank you, Dr. Mahler  
Dr. Bychowski

DR. GUSTAV BYCHOWSKI

I should like to start with a question to Miss Freud. Since her Wednesday paper I have been disturbed by one of her formulations. I am sure that she, even less than all of us, does not do things accidentally, therefore I wonder what the deeper reason for that formulation is—namely, in speaking of the differentiation between the ego and id, Miss Freud has used the expression "split" several times.

In the last years, I have been more and more preoccupied with the problem of splitting. We certainly consider this a very important, but largely a pathological mechanism. On the other hand, splitting may also lead to the formation of different structures. We know that there is an antagonism between every higher structure and every lower structure. Is this what she has in mind or are there deeper implications?

The second question refers to the problem of head knocking. I think this is an excellent example illustrating all the perspectives of our present knowledge. In my own mind it is connected with my first psychiatric impression because the first schizophrenic I saw in my life, in the hospital

<sup>29</sup> Anxiety in Infants and Its Disorganizing Effect. *Modern Trends in Child Psychiatry*, ed. N. D. C. Lewis and B. L. Pacella. New York: International Universities Press, 1956.

of Burghölzli, was a catatonic who was in a straight jacket, and one of his activities, when he was permitted to do so, was head knocking. He kept on doing this while he repeated in a Swiss dialect 'Ich bin doch ferrucki,' (I am crazy,'), whenever he was free, he tried to destroy himself.

Now many years later, in the last years while my analytic observations with schizophrenics and latent psychotics gave me the opportunity to look deeper into these mechanisms, I became impressed with the following few data which I would like to submit here for the illustration of certain points which have been made by Miss Freud and Dr. Greenacre, namely that some of these patients repeated this pattern in the transference. My understanding of this was provided by the patients, since my own ingenuity would not have been great enough to imagine this interpretation. This was not meant to destroy them, but it was meant to, what you might call, help them in tracing the ego boundaries, delimiting themselves against external realities. It is understandable that it came back again in the transference when they were afraid lest they might be overwhelmed, overpowered by the analyst. It is equally understandable that subsequently they utilized these patterns for self-destruction, which is a good example of the possibilities of intertwining of these various original patterns.

Another example of this overlapping of patterns, points to what one might call an onion like structure of these cases (psychotics, prepsychotics, that is, preschizophrenics and premelancholics). This onion like structure consists in the fact that while the pregenital pattern has been established at a very early point, it really and truly has never been given up by the ego. Other structures have been built up, covering up completely this old archaic structure, but time and again it comes up in moments of the out break of psychosis, or in certain moments of transference crisis.

In a number of patients, for instance, I was impressed by the fact that, at a very early age, they have developed a sort of autoerotic play with feces. This play consisted in a combining of what Dr. Greenacre had described as a rhythmic repetitive activity, and the climactic activity. They may engage in this play for a very long time, sometimes for hours. The rhythmic activity consisted in an attempt to keep the feces, move it a little, move it back and finally the climax came, but the important thing is that these stools were used by them like objects. This was in order to keep themselves away from outside reality, because outside reality, of course, was dangerous for various reasons which have been outlined today by other speakers.

In this way, they have re-created, out of their own soma, body ego, a

sort of pseudo object, and with this object they could enter into some sort of pseudo object relationship. I should like to point out that this sort of overlay of the later structure, putting it over the archaic structure, seems to be characteristic of a number of cases which I have observed.

#### CHAIRMAN KRIS

I should like now to apologize to all those whose contributions have not been presented or whose offer of discussion remarks could not be accepted due to pressure of time.

Most of all, I should apologize to Miss Freud. I should like to say that she is under no obligation to comment on all points raised. We will be grateful for whatever she says.

#### ANNA FREUD

I realize that it is impossible to comment adequately on all the contributions and arguments which have been brought forward. Therefore, I single out specific points, even taking the liberty to reverse the order of speakers for reasons of convenience.

To begin with the last speaker, Dr. Bychowski showed himself disturbed by my using the expression 'split' for the differentiation between the ego and the id in the delivery of my Anniversary Lecture. I want to assure him that this was no more than an accident and that this slipshodness will be corrected when the paper is revised for publication. I agree with him that the term should be employed only to describe certain specific processes which disturb the unity of the ego during its development.

Dr. Bychowski further describes a rhythmic, autoerotic play activity which some of his patients had carried on with their feces, creating out of their own body a pseudo object with which they could enter into some sort of pseudo object relationship. I want to confirm Dr. Bychowski's remarks by referring to the case history of a two-and-a-half-year-old child. This boy had a series of traumatic experiences at the end of his second year. There was a complete upheaval in the external conditions of his life, there was a sudden short separation from the mother due to illness on her part, and finally, there was a period of mourning and depression on the part of the mother, caused by the loss of her relatives. The boy reacted to the accumulated strain by soiling, and investigation proved that this was more than a regression in toilet habits. He called the stool out of his body quite deliberately, to have company at a time when he felt abandoned by his mother and, in reaction to her mood, withdrew his own

feelings from her I hope to publish this instructive story in extenso at some later date

Dr Kestenberg gave us a vivid description of different curves of achievement and satisfaction as observed in different children. Her contribution reminded me of Dr D W Winnicott's popular pamphlet "The Ordinary Devoted Mother and Her Baby," which he delivered originally as a series of talks over the wireless, addressed to mothers at large. In these talks he created a convincing image of a normal good mother who observes the rhythms of her child and takes the trouble to respond to them. He assures the mothers that their success or failure with their infants will depend on whether they will force the child to answer to the mother's rhythm, or whether they will be able to adapt themselves in their daily ministrations to the rhythm of the child. Dr Kestenberg carries her concept of curves of achievement from the simple events of early infantile life into the increasingly complicated happenings at later stages. It seems to me an open question whether they apply there. I suppose we may look for an answer to studies such as those carried out by Dr Ernst Kris in Yale, where direct observation is combined with analytic work.

Dr Anita Bell made an interesting comment on the variations of need satisfaction, based on the study of twenty eight infants with colic who were comforted partly by rocking partly by means of pacifiers. Her story reminded me of some of our observations in the Hampstead Nurseries when we had to comfort infants after separation from their mothers. There too the task was to find the specific action which would be accepted as comforting by the individual infant, and not to believe that, even under the impact of the identical trauma, all children will respond to identical methods of appeasement. It will be useful to correlate such studies in detail and to demonstrate the great variety of reactions and compensatory methods which are at the disposal of the individual even in the preverbal period.

Dr Mittelman, more than anybody else, came to the rescue of the sadly neglected problem of the child's motility. He mentioned our description how infants behaved in the second year of life in the Hampstead Nurseries. As a result of these observations, I am now convinced that much of the customary restlessness, distress and grouching of our one to two-year olds is caused by restrictions placed on the child's desire for body movement. We should make the experiment of placing our nursery schools for these youngest ones into vast rooms with unrestricted space, and we should provide for every type of locomotion. I believe we should find the children under such conditions extremely happy, interested, content, easy to manage and not quarrelsome, similar to the man



ner in which young children behave at the seashore. In the discussion of the infant's needs in my Anniversary Lecture, I have tried to follow the results of restriction of motility into disturbances of sleep, feeding toilet training, etc.

Dr Abbate described a child's unusually early reaction to the mirror image. I was most surprised to learn how early this child recognized itself. In the Hampstead Nurseries where we made it a habit to test the children's reactions in this respect, we found that interest in the mirror was present very early but that in the young infants no connection was made yet between the mirror image and the child's own self, the pleasure afforded by the mirror was therefore not narcissistic pleasure. As reported in the literature one of our identical twins, when shown his own reflection in the mirror, pointed to it with pleasure and 'recognized' his brother in the image.

I followed with particular interest Dr Marianne Kris's lucid description of the development of the child Anne. She demonstrated in a convincing manner how the unity between child and mother and the almost perfect functioning of the three-year-old had been brought about by the child at the expense of restrictions, repressions, enforced adaptation to the mother, and suppression of the child's own needs. At the age of three this whole process had led to happiness and success. This outcome is especially impressive when we compare it with the familiar pictures of other children who have not been submitted to similar deprivations and who at the age of three, are fractious, discontented, given to temper tantrums, and helpless in the throes of inner conflicts and desires. They do not receive the appreciation from the environment which is Anne's reward nor do they experience the superego satisfaction which follows on her own mastery of her drives. On the basis of Dr Marianne Kris's description we are stimulated to ask ourselves various questions. Are happiness and success at the age of three real compensations for the struggles which have gone before? Are they of momentary value only or can they play the role of antidotes against the pathogenic unhappiness of earlier times? Can "perfect functioning" of this type also be brought about in other ways? Or do we have to accept with resignation that character structure and early personality development have to be jeopardized to a large extent if we want to avoid putting the child under pathogenic pressure?

Until the answers to these burning questions are provided for us by longitudinal observations we are guided in our assessments by impressions gained from the analysis of adults. In reconstruction, the clinical picture of a young child adapting itself to the needs of a mother is not

unfamiliar. Especially where mothers have suffered from depressions in the child's infancy, their children will develop very early strongly protective attitudes toward them. They will be sensitive to the mother's moods, use all kinds of artifices to seduce, win and cheer her up, in short develop a close and intimate partnership with the mother which strikes us almost as a mother-child relationship in reverse, the child sensing and catering to the mother's wishes instead of the mother performing this function for the child.

It is well known that childhood experiences of this type are found primarily in the analyses of depressive patients. Depression is the fate which Dr. Marianne Kris foresees for Anne Still, in weighing the evidence, we have to remember that there is no certainty that this outcome is due to the untimely efforts and sacrifices on the child's part, they may be due to the identification with the depressive mother herself.

I finish with a reference to Dr. Hawkins's communication concerning the mother who shared her son's body noises. I found it most helpful in view of some recent experiences of mine with patients for whom noise played a particular role in their early mother relationship. Their mothers had not exploited their relationship to the child as manifestly as the mother of Dr. Hawkins's patient, but it was evident that they had shared significant emotional experiences with the child in which particular noises had played a part. In the case of one male patient this whole repressed tie to the mother was represented in manifest behavior by the isolated mispronouncement of the consonant *s* in the word "nursery." Behind this phenomenon was the memory of the baby talk which he had shared with the mother (together with the sensation of fullness and wetness in the mouth which led back to earlier experiences still). He became a great talker in later years, while another patient acquired an inhibition of speech owing to almost identical experiences. With both patients the emotional tie to the mother was repeated in the transference where strong positive emotions would break through at moments when the patients felt in "complete harmony" with the analyst as the result of some spoken word.

CHAIRMAN KRIS

Thank you very much, Miss Freud.

The meeting is closed.

**PROBLEMS OF  
NORMAL AND PATHOLOGICAL DEVELOPMENT**

# THE SELF AND THE OBJECT WORLD

## Vicissitudes of Their Infantile Cathexes and Their Influence on Ideational and Affective Development

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### INTRODUCTION

In psychotic and borderline patients processes of regression can be observed which lead to a high grade deterioration of object relations and ego functions with dissolution of those essential identifications on which the experience of our own identity is founded. Our understanding of this pathology is still far from advanced. But it is my belief that deeper insight into this unconquered area can be gained from further investigations of the normal developmental processes which build up the cathexes of the self and of the object world with libidinous aggressive and neutralized drive energy in the course of structural differentiation. This is the goal of this paper. Our scrutiny will start out with a review and rediscussion of our psychoanalytical concepts of primary and secondary narcissism and masochism.

### SURVEY OF FREUD'S CONCEPTS OF NARCISSISM AND MASOCHISM

The concept of narcissism was introduced by Freud (1914) in his paper *On Narcissism: An Introduction*. Freud's point of departure in this paper were megalomaniac symptoms in schizophrenics which he said

doubtless come into being at the expense of the object libido. The libido withdrawn from the outer world has been directed on the ego giving rise to a state which we may call narcissism.

Freud concluded that

the narcissism which arises when libidinal cathexes are called in away from external objects must be conceived of as a secondary form superimposed upon a primary one that is obscured by manifold influences.

He commented on the 'reciprocity between ego-libido and object libido' and opposed the narcissistic condition of the schizophrenic to the yielding up of the 'whole personality in favour of object-cathexis' in the state of being in love

Freud found his concept of a primary infantile narcissism reinforced by the signs of megalomaniac attitudes in primitives and in the child

[their] overestimation of the power of wishes and mental processes, the omnipotence of thoughts a belief in the magic virtue of words and a method of dealing with the outer world—the art of magic—which appears to be a logical application of these grandiose ideas

In *The Ego and the Id*, Freud (1923) developed his conception of narcissism further

In the very beginning all the libido is accumulated in the id while the ego is still in a process of formation or far from robust. Part of this libido is sent out by the id into erotic object-cathexes whereupon the ego now growing stronger attempts to obtain possession of this object-libido and to force itself upon the id as a love-object. The narcissism of the ego is thus seen to be secondary acquired by the withdrawal of the libido from objects.

Freud's ideas on primary narcissism and on the development of secondary narcissism find a significant supplementation in his proposition of parallel vicissitudes of the death instincts. In *Beyond the Pleasure Principle* Freud (1920) suggested that

sadism is actually a death instinct which was turned away by the ego under the influence of narcissistic libido such that it becomes manifest eventually on the object.

In *An Outline of Psychoanalysis* Freud (1939) wrote

We may picture an initial state of things by supposing that the whole available energy of Eros to which we shall henceforward give the name of libido is present in the as yet undifferentiated Ego-Id<sup>1</sup> and serves to neutralize the destructive impulses which are simultaneously present. There is no term analogous to libido for describing the energy of the destructive instinct.

In "The Economic Principle in Masochism" Freud (1924) said, furthermore, that

<sup>1</sup> This thought has been elaborated by Hartmann (1939) and by Hartmann Kris and Loewenstein (1946)

under certain conditions the sadism or destruction instinct which has been directed outwards can be introjected turned inward again regressing in this way to its earlier condition. It then provides that secondary masochism which supplements the original one.

Freud then described the erotogenic masochism as the original primary one which was never turned to the outside but remained in the organism bound down by libido.

The erotogenic type of masochism passes through all the developmental stages of the libido and from them it takes the changing shapes it wears in the life of the mind.

Freud found his assumption of a primary masochism reinforced by and able to explain the severe masochistic trends that we sometimes encounter in neuroses and psychoses especially in melancholia. What is now dominant in the Superego he said in *The Ego and the Id* (1923) is like a sheer culture of the death instinct and actually the latter succeeds often enough to drive the Ego into death.

Freud's propositions suggest that the discussion of primary and secondary narcissism can be combined with that of primary and secondary masochism. We shall first concentrate on the meaning of Freud's concepts of primary narcissism and masochism. His above cited formulations are indeed rather ambiguous. Whereas they partly refer only to the simultaneous presence of libidinous and destructive forces in the undifferentiated psychic matrix the terms narcissism and masochism imply that in the primal state the drives are actually turned toward i.e. aimed at discharge on the self. To be sure the latter idea is the basis of Freud's conception of the death instinct. The original cathexis of the self with aggressive forces is considered a potential danger to the self ward off by the protective presence of libido. I believe that these conceptions are quite puzzling and deserve more elucidation.

Regarding the more advanced psychic organization after structural differentiation and establishment of object representations have taken place we know at least practically fairly well what we mean by the turning of libido or aggression toward the self. People with narcissistic or masochistic sexual or social behavior document clearly enough the tendency to withdraw object cathexis and to make their own person the object either of love admiration and libidinous gratification or of hate depreciation and destruction. But what precisely is the meaning of narcissism and masochism in the primitive psychic organization prior to the child's discovery of his own self and of the object world? Evidently we

must turn to the drive manifestations of the infant for an answer and try to give a precise metapsychological description of its psychic state and behavior.

Most of the time between the brief feeding periods the infant spends in either a sleeping or a half-awake, dozing state of passivity with as yet little expression of even primitive affects or of perceptive and motor functions. Sleep is the state which we are used to designate as a truly narcissistic situation.

Somatically [said Freud (1916) in the "Metapsychological Supplement to the Theory of Dreams"] sleep is an act which reproduces intrauterine existence, fulfilling the conditions of repose, warmth and absence of stimulus; indeed, in sleeping, many people resume the foetal position. The feature characterizing the mind of a sleeping person is an almost complete withdrawal from the surrounding world and the cessation of all interest in it.

[And, further on:] The narcissism of sleep does indeed signify the withdrawal of cathexis from all ideas of objects, both from the unconscious and the preconscious parts of them.

Quite in accord with Freud's description we may visualize the original "primary narcissistic" state, the state that still prevails in the early-infantile sleeping, dozing, passive situation, as a condition of diffuse dispersion of instinctual forces within the whole undifferentiated psychic organization. But considering the meaning of the terms "narcissism" and "masochism" the interesting question arises, by which avenues is psychic energy discharged during such a state.

Some authors occasionally speak of discharge either on the outside or toward the inside, but without comment on what they mean. To be sure, we do not yet have sufficient insight into the connections between drive discharge phenomena and corresponding physiological processes to understand the precise meaning of such concepts. What we know is, very vaguely, that discharge to the outside involves the perceptive and motor apparatus and results in motor action, whereas discharge toward the inside refers to physiological processes inducing functional changes mainly in the body organs. However, despite the admitted vagueness of these concepts, the distinction of discharge to the inside or outside appears to be highly relevant for the understanding of early infantile narcissism and of the earliest forerunners of affective and ideational life.

In all likelihood, the early infantile lack of contact with, or the withdrawal from, the outside world and its stimulations keep not only the general level of tension in the psychic organization, comparatively low,

but in particular the cathexis of its periphery, of the perceptive and motor apparatus in favor of the cathexis of the body organs. In this way a continuous 'silent' discharge of small amounts of psychic energy can occur mainly through 'inside' physiological channels. Thus, the psychoeconomical condition and the type of discharge characteristic of the sleeping or dozing infant and in general, of the sleeping state, and evidently also of pathological states of deep so-called narcissistic regression suggest that physiological discharge toward the inside can be regarded as the earliest infantile form of narcissistic discharge on the self. It is the forerunner of the drive vicissitude which we call the turning of the drive toward the self. Only when structural differentiation and especially when superego formation has taken place can drives turned toward the self also be discharged by motor channels i.e., to the outside, such as occurs in self-destructive behavior and actions e.g., in suicide.

As the embryonal movements show, even before birth the embryo is able to discharge drive energy also through outside channels. At birth, however, a drastic readjustment takes place enforced by the environmental changes. The first sign of life in the newborn his cry, and further more, the characteristic behavior displayed before, during and after feeding and in his excretory functions, are indeed distinct manifestations of prepatterned centrifugal discharge processes in response to stimulations not only from within but from without.

In view of the fact that the infant, though gaining gratification from an "object—the mother's breast—is as yet unaware of anything but pleasurable or unpleasurable sensations we are entitled from the psychological point of view to call his drive manifestations in general 'narcissistic.' But it is of relevance to realize that they do not represent drive discharge only toward the inside 'on the self', that from birth on the infant has at his disposal biologically predetermined though limited channels for discharge to the outside which is the precursor of object related discharge.

Our emphasis on the distinction between discharge to the inside and to the outside will prove to be useful for the study of the vicissitudes of the self-directed and of the object-directed libidinous and aggressive drive cathexes and drive discharge processes of their interrelations and of their influence on affective and ideational development. We shall presently scrutinize the connection between centripetal versus centrifugal ways of discharge and the affective and instinctual manifestations of the infant.

In the sixth chapter of *The Interpretation of Dreams*, Freud (1900) makes the following statement:



I am forced—for other reasons—to conceive the liberation of affects as a centrifugal process directed towards the interior of the body, analogous to the processes of motor and secretory innervation. Just as in the sleeping state the emission of motor impulses towards the outer world seems to be suspended, so the centrifugal awakening of affects by unconscious thinking during the sleep may be rendered more difficult.

Freud's later definition of affects in "The Unconscious" (1915) adheres to some extent to this idea. It is noteworthy that his remarks characterize affective discharge as "directed toward the interior of the body" but at the same time as a "centrifugal" process whose liberation is precluded by the state of sleep in the same way as the discharge of motor impulses. At first sight, this statement may appear puzzling or even contradictory. Its meaning becomes perfectly clear when we realize that, in contradistinction to the "silent" physiological discharge of the embryo or newborn or during sleep, the emotions of the adult find not only expression in secretory, circulatory, respiratory phenomena indicative of discharge toward the inside, but also in patterned motor phenomena and in the inner perceptions which we call feelings, i.e., in manifestations of discharge toward the outside.

From the terminological point of view it appears less confusing to designate discharge toward the inside as a "centripetal" and discharge toward the outside as a "centrifugal" process. Adult affects would then be induced by combined centripetal and centrifugal discharge processes. And we may surmise that their inhibition during the state of sleep might be accomplished by their temporary regressive retransformation into silent physiological discharge.

We may now return to our previous statements which suggest that affective and ideational life originates genetically in merely "centripetal" physiological processes which, independent of external sensory stimulations, do not proceed from the depth to the periphery of the psychic organization. Thus, the precursors of affects, fantasies and ideas are of a truly psychosomatic nature.

From birth on, however, "centrifugal" processes expand with the opening up of biologically predetermined and preferred pathways for discharge in response to external stimulation. They lead at first only to primitive patterned motor (instinctive) reactions and to pleasurable or unpleasurable sensory experiences which cannot yet be called feelings. Evidently these phenomena are no more than genetic forerunners of the affective and thought processes whose development sets in with the beginning of ego formation. In fact, during the first years the predominant expression of the child's emotional and fantasy life is still "psycho-

somatic" the so called 'affective organ language' which encompasses, however, not only the above emphasized "silent inner physiological processes but also, and in particular, outside manifestations in the realm of oral and excretory functions. We may point out that this affective organ language survives, to some extent, even in the emotional life of normal adults in their affect equivalents.'

The foregoing considerations were intended to underline the correlation of the original, narcissistic psychoeconomical state and the earliest centripetal type of drive discharge within the self to the physiological, psychosomatic forerunners of adult affective and ideational expression. The value of our scrutiny is proved by observations on patients with psychosomatic diseases or psychotic disorders, which confirm these correlations.

The two groups of disorders show what we call albeit not very precisely, signs of severe narcissistic regression. With regard to psychosomatic patients we may, in the light of our proposition speak of a pathological partial retransformation of ideational and emotional into somatic, physiological expression which is then perceived as painful body sensations only. In psychoses, the depressed or catatonic stuporous states appear to be pathological versions of the infant's dozing states. To be sure there are significant differences between the psychic economy in such pathological regressive states and the original economic and discharge conditions of which they are remindful. These disorders show convincing evidence of self destructive, not only psychological but also physiological processes of which we see nothing in the normal sleeping and in the healthy, early infantile childhood state. Quite on the contrary, the sleeping state is recuperative and the embryonal state serves the psychophysiological building up of the organism.

These differences underscore first of all our impression that the term 'narcissistic regression' is rather misleading with regard to such pathological conditions in view of their destructive and self destructive nature. In fact we face the question whether our psychoeconomical considerations make it advisable at all to adhere to the concepts not only of a primary narcissism but also of a primary masochism i.e., of a death instinct. The assumption that those unobservable inner, physiological discharge processes in the infant may also provide for a harmless diffuse discharge of small amounts of aggressive energy is certainly untenable.

Freud (1920) tried to resolve this problem by assuming that in the primary narcissistic masochistic state the presence of life instincts prevents self destruction. But how should this occur? We understand that fusions between libido and aggression render the destructive drives harm

less. This process, however, develops at a much later infantile period, connected with and probably inducing the partial neutralization of the drives.

Consequently, we might wonder whether the observable facts could not be explained more easily by the assumption that, at the very beginning of life, the psychic energy is still in an undifferentiated state and develops into two kinds of drives with different qualities only under the influence of external stimulations with the opening up and increasing maturation of pathways for outside discharge.<sup>2</sup> Looking for confirmation of this proposition we find it noteworthy that during infancy and even in early childhood it is not easy to discern the aggressive and libidinous qualities in the child's instinctual manifestations and that affective phenomena, such as anxiety and rage, still appear to be closely interwoven.

While such a conception may be reminiscent of the frustration aggression theory, it should be noted that the transformation of undifferentiated psychic energy into two qualitatively different kinds of drives is here regarded as biologically predetermined and as promoted by internal maturational factors as well as by external stimulations.

The idea also calls to mind Freud's interesting remarks, in *The Ego and the Id* (1923) to the effect that an amount of neutral energy is apt to join forces either with libido or with aggression. Freud's significant assumption of desexualized energy, which, however, is supposed to be present not only in the ego but also in the id, might be even more convincing if it referred not to desexualized but to originally undifferentiated drive energy in the whole self. If we accept this hypothesis, we would have to adjust our thinking to the following conceptions:

To summarize once more, we would visualize an initial psychoeconomical state characterized by a low level of tension and by a general, diffuse dispersion of as yet undifferentiated physiological energy within the structurally also undifferentiated self. After birth, part of this energy would be vested as a basic energetic stock in the nuclei of the future autonomous ego. Under the influence of external stimuli the undifferentiated forces would then begin to develop into the libidinous and aggressive drives with which the id is endowed. During the embryonal and still predominantly during the earliest infantile stage most of this undifferentiated energy of the self is diffusely discharged in small amounts on the inside through merely physiological centripetal channels. But after birth the pregenital erogenous zones and, in an increasing degree

<sup>2</sup> Cf. Fenichel (1935). This idea would not imply though that the drive qualities are determined by the specific avenues for discharge only.

the whole sensory and motor system become periodically hypercathected, and processes of drive discharge toward the outside begin to develop which become observable as pregenital sexual activity and in biologically prepatterned, primitive affecto-motor and instinctive reflex reactions easily recognizable as the forerunners of feeling thinking and functional, motor responses. In the course of structural differentiation the libidinous and aggressive drives would undergo processes of fusion and partial neutralization. These neutralized and part of the libidinous and aggressive drives would be sent out by the id into the new systems become vested in the ego and the superego and be utilized for the building up of emotional and thought processes and the corresponding ego functions.

If these propositions should be valid they would compel us to dispose of the concepts not only of primary masochism but also of primary narcissism. Considering the difference between the condition during the earliest developmental stage and states of severe pathological regression we would have to distinguish processes of structural regression to the point of re-establishing the earliest state of diffuse dispersion of energy in the whole self from processes of energetic regression leading not only to resexualization and reaggressivization of the neutral energy of the ego, but even to partial regressive retransformations of libido and aggression into primary, undifferentiated energy.<sup>3</sup>

Our proposition would also explain a mystery for which as Fenichel pointed out (1935) the drive-fusion and -defusion theory cannot account the fact that drive fusions appear to result in an absolute prevalence of libidinous drive energy, drive defusions however in an absolute predominance of aggressive drive energy. The change of the proportions between libido and aggression which in severely regressive processes as in psychoses, can lead to actual exhaustion of the libidinous resources of the self, could be understood much better should we think in terms of intermediary stages of retransformation of differentiated into primordial undifferentiated drive energy.

The proposition would furthermore permit us to include again in the frame of psychoanalytic theory physiological tension such as hunger, which could no longer find its place in our conception of only libidinous and destructive drives. Hunger, once designated by Freud as an ego drive, would then be the expression of such primitive undifferentiated physiological drive tensions. Should we be inclined to speculate the prop-

<sup>3</sup> Possibly this further regressive process may develop as a temporary or lasting result of shock treatment or surgical therapy of psychoses and may account for their therapeutic effects. After shock treatments we can actually observe a period of complete absence of libidinous as well as aggressive drive manifestations.

osition might even explain some of the issues which Freud discussed in the light of his life- and death-instinct theory. What we said about psychotic and psychosomatic diseases might be extended to processes of aging and physical decline. All such processes might involve a decrease in the cathexes of the periphery, of perceptive and motor functions, resulting in a rise of the cathexis of the body organs with concomitant regressive drive defusion to the point of prevalence of destructive drive energy compelled again to be discharged through physiological channels in the body.<sup>4</sup>

We are ready to consider the concepts of secondary narcissism and secondary masochism. Whereas I remarked above that practically we know rather well what we mean by narcissism and masochism in the more advanced psychic organization, we must introduce the following discussion by stating that here, too, our theoretical concepts and our terminology are far from being precise and up to date.

From the vantage point of the foregoing considerations we understand that the development of "secondary narcissism" and "secondary masochism" sets in at the stage of beginning ego formation; a stage where, on the one hand, distinct libidinous and aggressive drive qualities and, on the other hand, all kinds of fusions between these drives develop; where the objects begin to be distinguished from each other and from the self, and where their different representations in the new system, the ego, become gradually endowed with an enduring libidinous and aggressive cathexis.

As a point of departure for the discussion of this stage we may repeat part of our quotation from *The Ego and the Id*, where Freud (1923) states: "... Part of this libido is sent out by the id into erotic object-cathexis, whereupon the ego, now growing stronger, attempts to gain possession of this object-libido and to force itself upon the id as a love-object. The narcissism of the ego is thus seen to be secondary, acquired by the withdrawal of the libido from objects."

Freud's statement underscores that the development of secondary narcissism is a complex process closely linked up with the structural differentiation and the constitution of the system ego. However, as we begin to

<sup>4</sup> It would also be interesting to compare from this perspective the different degrees of regression in psychosomatic diseases and in hysteria. Contrary to the first, which result in a deeply regressive hypercathexis of the inner body organs, hysteria would not only sustain the cathexes of the periphery but even lead to a hypercathexis of the sensory and motor organs at the site of the affection, with partial retransformation of the normal affective, ideational, and functional motor discharge into primitive affecto-conversion symptoms.

think over Freud's formulations our perplexity sets in since they are apt to suggest, indeed, that the ego is built up and gains strength by being vested only with narcissistic libido. Our customary terminology confirms this idea. We are used to conceive of secondary narcissism in terms of a cathexis of the ego with narcissistic libido and in general to call gratifications gained from ego activities simply "narcissistic gratifications."

Whereas the deep well of all object directed libidinous and aggressive strivings is certainly the id, one of the major achievements of infantile development, however, is undoubtedly also the building up of stable object representations and the establishment of enduring object libidinous cathexes in the system ego.<sup>5</sup> We appear to be on the horns of a dilemma which, as we shall see, is mainly the result of terminological imprecisions. They refer to the ambiguous use of the term ego, i.e., to the lack of distinction between the ego, which represents a mental system and the self. Hartmann (1950) who called attention to this point, suggested the term *self representations* (analogous to object representations) a term that refers to the endopsychic representations of our bodily and mental self in the system ego. I have worked with this concept for years because I found it indispensable for the investigation of the affective and psychotic disorders.<sup>6</sup>

The meaning of the concepts self and self representations in distinction from the ego become lucid when we remember that the establishment of the system ego sets in with the discovery and growing distinction of the self and the object world. From the ever increasing memory traces of pleasurable and unpleasurable experiences and of perceptions with which they become associated, body images as well as images of the love objects emerge which, at first vague and variable, gradually expand and develop into consistent and more or less realistic endopsychic representations of the object world and of our own self.

We now understand Freud's previous statement: secondary narcissism and masochism are not identical with the libidinous and aggressive cathexis of the system ego; it is the mental representations of the self constituted in the course of ego formation which become endowed with libido and aggression and force themselves as objects of love and hate on the id.

Since the concept of self representations is still rather unfamiliar, I

<sup>5</sup> Accordingly in *Inhibitions, Symptoms and Anxiety* Freud (1926) himself speaks of sexual impotence as of an inhibition of an ego function.

<sup>6</sup> In general I am using in this paper certain terms and concepts such as autonomous ego or drive neutralization which have become familiar to us through Hartmann's papers, and which in many respects have been of assistance to my own thinking.

believe we must define it more precisely and describe the genetic development of these psychic formations

As Fenichel (1945) indicated in *The Psychoanalytic Theory of Neurosis*, the concept of our self issues from two sources first from a direct awareness of our inner experiences, of sensations, of emotional and of thought processes, and, second, from indirect self perception and introspection, i.e., from the perception of our bodily and mental self as an object. Since for obvious reasons our capacity for detachment from our own self is at best very limited, our self-cognizant functions contribute only to a moderate extent to our conception of the self. Thus the self representations will never be strictly "conceptual." They remain under the influence of our subjective emotional experiences even more than the object representations.<sup>7</sup>

As indicated above, the kernels of the early infantile self images are the memory traces of pleasurable and unpleasurable sensations which under the influence of autoerotic activities and of playful general body investigation become associated with body images.

Like the primitive object images, our concept of the self is at first not a firm unit. Emerging from sensations hardly distinguishable from perceptions of the gratifying part-object, it is first fused and confused with the object images and is composed of a constantly changing series of self images which reflect mainly the incessant fluctuations of the primitive mental state. We shall discuss the preoedipal development of self and object images further in connection with primitive identifications.<sup>8</sup>

At present it may suffice to point to the enormous and rather disruptive influence which the processes of infantile repression gain over the formation of our concepts of the self and the object world. Since these concepts arise essentially from the memory traces of pleasurable and unpleasurable experiences and are only gradually linked up with and corrected by the perceptive memories which reflect reality, the cutting out of a considerable sector of unpleasurable memories by infantile repression eliminates a great amount of unacceptable aspects of both the self and the outside world. The defects caused by the work of repression may be filled in by screen elements, by distortions or embellishments produced by the elaborate maneuvers of the ego's defense system. Moreover,

<sup>7</sup> Federn's (1952) concepts of "ego feeling" and "ego experience" emphasize this point. But for no good reasons he separates this feeling aspect entirely from the conceptual components of the self representations.

<sup>8</sup> Federn's assumption of an originally uniform ego feeling is not necessarily contradicted by what I said above. As soon as the "I" experience arises there may be a feeling awareness of the self as a whole despite the fluidity and variety of self images.

to the extent to which the repressed fantasies that have remained cathected in the unconscious can find their way to the surface, they will lend the self and the object representations the coloring of past infantile images.

The universal persistence in women of the unconscious fantasy that their genital is a castrated organ frequently with simultaneous denial and development of illusory penis fantasies, is the best example of how far the impact of infantile emotional experiences prevents us from forming even correct body images. This is all the more true with regard to the concept of our mental self, which arises only with the growing capacity for self awareness and introspection, i.e., for perception, discrimination and evaluation of our own feelings, thoughts and actions. These are functions which develop much later than bodily self perception and, though enhanced by superego formation, in many people are only moderately developed.

But the ubiquitous, unconscious fixation, in men as well, to the fantasy of female castration discloses also our limited ability to form realistic object representations, which are mostly colored by our emotions and by past emotional conflicts more than we like to admit. This is especially true again for our concepts of the mental characteristics of others. Considering that our view of the world, handicapped by the insufficiency of human perception, easily permits distortions by transference of infantile images on other persons, that it depends partly on subjective emotional reactions to their behavior and partly on empathetic understanding founded on primitive affective identifications and often enough on projections, we can easily visualize the amount of errors and falsifications.

In any case, with advancing psychosexual and ego development, with the maturation of physical abilities, of emotional and ideational processes and of reality testing, and with increasing capacity for perception, self perception and introspection, the images become unified, organized, and integrated into more or less realistic concepts of the object world and of the self.

By a realistic concept of the self we mean one that mirrors correctly the state and the characteristics, the potentialities and abilities, the assets and the limits of our bodily and mental ego on the one hand, of our appearance, our anatomy and our physiology, on the other hand, of our conscious and preconscious feelings and thoughts, wishes, impulses and attitudes, of our physical and mental activities.

Whereas all these single specific features will have corresponding psychic representations, a concept of their sum total, i.e., of the self as a differentiated but organized entity, will simultaneously develop.



# THE INTERRELATIONS BETWEEN THE BUILDING UP OF SELF AND OBJECT REPRESENTATIONS AND THE DEVELOPMENT OF EGO FUNCTIONS AND SUBLIMATIONS

The connections and interrelations between self and object representations and the state and activity of the ego lead us to the broader process of ego and superego formation which is induced by the energetic and structural differentiation of the self

Before discussing certain aspects of this inexhaustible topic in greater detail, we shall endeavor to gain some first orientation from a preliminary and schematic survey Without focusing as yet on the sexual development and on the particular phases of ego-superego formation it is only intended to correlate the various stages of energetic and structural differentiation to the constitution and cathexis of object and self representations and to the corresponding ideational and affective development.

We may visualize the process of structural and energetic differentiation as passing through the following infantile stages

(1) Primal (embryonal) condition of diffuse dispersion of undifferentiated drive energy in the unstructured self discharge occurs predominantly by silent physiological processes

(2) With birth growing cathexis of the system perception and the memory system of the motor apparatus and of the pregenital erogenous zones sets in pleasurable and unpleasurable sensations begin to be perceived and become attached to though still confused with beginning outside perception Energetic differentiation occurs libidinous and aggressive cathectic gathering poles are formed around nuclei of as yet unorganized and disconnected memory traces Discharge to the outside begins by way of primitive biologically prepatterned reactions to internal and external stimuli Affective organ language develops

(3) (a) Stage of beginning structural differentiation and ego formation Pleasure principle and "primary process" prevail Unconscious (early preoedipal) fantasy life pregenital sexual and affecto-motor activity begin to develop although affective organ language is still predominant Multiple rapidly changing and not yet clearly distinguished partimages of love objects and body part images are formed and become vested with libidinal and aggressive forces Corresponding affect components arise impulsive affecto-motor reactions to external and internal stimuli change in quick sequence reflecting the variability of unconscious imagery the cathectic fluidity and the tendency to immediate drive discharge signal affects begin to become effective

(1) With the learning of walking and talking of urinary and bowel control a more organized stage sets in of growing self awareness expanding perception and organization of memory traces The imagery gradually extends to the surrounding animate and inanimate world Language symbols, functional motor

activity and reality testing develop. But magic animistic fantasy life pre-verbal at first is predominant and remains concentrated on the mother until the oedipal configuration shapes up. Specific affect qualities and more sustained emotional states come into being influenced by increasing formation of counter cathexes.

(4) Infantile sexuality reaches its climax. fusion and neutralization of sexual and aggressive drives has set in. Thought processes are organized. functional motor activity and object relations develop rapidly. Accordingly single affects begin to merge into compound fusions. Emotional control is being established. tension tolerance increases. As object related feelings develop and affects become attached to ego functions self awareness begins to extend to awareness of emotional and thought processes of ego attitudes and ego actions. A concept of the self as an entity is formed. Reality principle and secondary process become more dominant. Signal anxiety (castration fear) exerts a drastic influence on repression and counter cathectic formations.

(5) The neutralization is greatly enhanced by superego formation. the latency period begins. Physical as well as mental activities make rapid progress. conceptual thinking develops and expands. maturation and structural organization of ideational and emotional processes advance with the growing ability of the ego to bind down psychic energy in enduring cathexes. increasingly realistic representations of the animate and inanimate concrete and abstract object world are formed and can be stabilized by their firm and lasting cathexis with libidinous-aggressive and with neutralized forces. The superego establishes a lasting and dominant control over the cathexis of the self representations. Superego fear becomes the leading affect signal. In the process of final taming repatterning modification and organization of the affects under the influence of the superego. enduring feelings and feeling states develop on a large scale as an expression of the ego's state and reactivity. The subtle differentiation of the emotional qualities proceeds hand in hand with an increasing awareness of the qualities of emotional experiences.

At the risk of repeating many familiar facts we shall now delve into special problems of ego and superego formation. We know of course that the most influential factor in the child's development is the child parent relationship whose part in the building up of the ego we may briefly summarize as follows. By supporting the control the partial inhibition the partial fusion neutralization and utilization of sexual and aggressive drives in the service of the ego the parental influences contribute greatly to the maturation of our feelings our thinking and acting and of our sense of reality and promote the establishment of aim inhibited personal and social relations and of solid identifications with the love objects in the ego and superego. In general they help to accomplish the advance from the biological infantile dependency situation to

independent ego activity, spreading out to social, cultural, and eventually ego-syntonic sexual pursuits

Even though we are sufficiently familiar with the parental influence on infantile development, we must at least focus on certain aspects of it which are significant for the understanding of the relation between the building up of object and self representations and of the autonomous ego functions. To be sure, the goal of education as I outlined it above can be reached only in an atmosphere of parental love and care, with sufficient libidinous gratifications. Since they promote the establishment of stable, enduring libidinous cathexes of both the objects and the self parental love is the best guarantee for the development of healthy social and love relations and of lasting identifications and hence for a normal maturation of the ego. Nevertheless, the oedipal frustrations and prohibitions, the parental demands and stimulation of social and cultural pursuits probably make the greatest contribution to the development of an effective, independently functioning, and self-reliant ego.

They teach the child to relinquish not only his preoedipal and oedipal sexual desires, but also his early infantile expectance of support and wish fulfillment from without. On his way to this goal the child passes through the rough avenues of continual hurt, frustration and disappointment in his parents, which arouse intensive feelings of ambivalence. Although dangerous, the child's ambivalence conflict can be utilized by the ego for very constructive purposes. We remember that at first the child wants to take in what it likes and to spit out what it dislikes; to ascribe what is pleasant to his self and what is unpleasant to the strange outside object; in other words, tends to turn aggression toward the frustrating objects and libido toward the self. Hence frustrations, within normal bounds, reinforce in principle the process of discovery and distinction of objects and self; they throw the child back on his own resources, stimulate progressive forms of identification with the parents and enhance the narcissistic endowment of his ego.

Overgratifications on the other hand, tend to induce regressive experiences of reunion between self and love object, processes that will be discussed in connection with the identifications. Prolonged persistence of the mother-child unit, with constant overgratification may therefore delay the child in establishing firm boundaries between the objects and the self and, hence, in reaching the stage of normal independence.

At a developmental stage where a more lasting libidinous cathexis of the love objects has been established the oedipal sexual frustrations and prohibitions as well as the parental demands begin to exercise their influence by inducing highly significant and complicated energetic trans-

formations and cathectic changes, processes which greatly stimulate the development of sublimations or, more generally, of autonomous ego activity, hand in hand with the further building up of object as well as self representations (These processes are closely connected with the establishment of ego and superego identifications which will be separately discussed below)

In *The Ego and the Id*, Freud (1923) describes the development of sublimations as follows

The transformation of object libido into narcissistic libido which thus takes place obviously implies an abandonment of sexual aims a process of desexualization it is consequently a kind of sublimation Indeed, the question arises and deserves careful consideration whether this is not always the path taken in sublimation whether all sublimation does not take place through the agency of the ego which begins by changing sexual object libido into narcissistic libido and then, perhaps goes on to give it another aim

I believe that Freud refers in this paragraph to two different, though closely connected and interrelated processes The pursuit of independent ego activities and sublimations on the basis of ego and superego identifications with the love objects appears to involve the following cathectic shifts and changes Part of the libido vested in the love objects, after undergoing partial neutralization, is turned to other objects especially in the area of ego interests, and thus promotes the constitution of new, animate and inanimate, object representations and of corresponding ideational and emotional processes and ego activities simultaneously, the transition from infantile dependence on the love objects to ego independence, in identification with them, veers away libido from these objects to the self Thus part of the object libido becomes transformed into narcissistic libido and, joining forces with the libido withdrawn from the erogenous zones, is used for the expanding cathexis of the executive organs of the ego and consequently for the further building up of the self representations

But we should remember again that the cathexes of the self representations, though gaining such powerful contributions from object libidinous sources are certainly founded on the original stock of undifferentiated psychic energy with which the whole self, including the organs that are the kernels of the future system ego had been primarily vested This assumption is reinforced by recent observations on schizophrenic children, such as those published by Mahler (1949, 1952) The autistic schizophrenic, the Kanner type, which she describes, appears to avoid any

outside stimuli that would lead to contact with the object world. Unable to cathect objects, this type evidently develops primitive, defective self-images which are primarily hypercathected at the expense of the object world. This certainly suggests that even in normal development the cathectic core of the self-images is the psychic energy originally vested in the self.

Moreover, not only do the self-representations profit from the transformation of object into narcissistic libido, but the object representations in turn gain strength from reverse processes. Particularly during the early developmental stages we find that libido is continuously called away from the love objects and vested in the self, and again sent out from the self to the love objects.

We shall come back to these cathectic fluctuations when discussing the development from preoedipal, primitive to mature ego and superego identifications.

So far we have neglected to consider the vicissitudes of aggression in the development of ego interests. In fact, the above-discussed energetic shifts and changes, though reinforced by the ambivalence conflict with the love objects, support also its solution. The development of ego interests calls away from the love object not only part of the libido but also part of the aggression which, after being fused with libido and likewise neutralized, can become vested in the new objects. At the same time the experience of learning how to function independently turns aggressive forces inevitably and increasingly away from the love objects toward the self, since the child in his beginning, independent activities meets with constant hurts and failures. What he once experienced as disappointments and frustrations, hurts for which he blamed the parents only, he now begins to regard partly as injuries that he has inflicted upon himself. This attitude is greatly supported by his efforts to master his aggression and to build up enduring libidinous cathexes of his love objects. Thus he is apt to undergo experiences of realistic physical and of mental hurt, accompanied by feelings of inferiority and self-criticism which clearly manifest an increasing cathexis of the self-representations with aggression turned away from the love objects. They indicate the onset of 'secondary masochism' which in pathological cases may invade the psychosexual life, may color the ego attitudes and actions, or may develop mainly in the direction of moral masochism.

The latter is expressive of the profound and decisive influence that the internalization of parental demands and criticisms, beginning with the establishment of reaction formations and culminating in the constitution of the superego, exercises on the cathexis of the self-representa-

tions with libidinous as well as with aggressive forces. This will be discussed in greater detail below.

Our inquiry into the process of sublimation aimed at describing the relations between ego activity and the corresponding cathectic processes involving the self- and object representations. We may interject that for the purpose of precise metapsychological conceptions it is advisable to distinguish more carefully than we commonly do between the real objects and the self and their respective mental representations, and between ego attitudes and actions in the outside world and changes in the cathexes of object- and self representations.\*

From the foregoing discussion we must first of all conclude that we are not entitled to define (successful) ego activities simply as narcissistic gratifications. Even if they do not pertain to personal objects, their essential and central purpose is normally the pursuit of object-libidinous gratifications.<sup>10</sup>

Let me describe what I mean with the aid of a practical example of a creative ego function, such as the writing of a book. First of all, the intention normally arises from a previous interest in and pursuit of the issue about which the author wishes to write. This issue is the object which must first become enduringly vested with libidinous, aggressive, and neutralized psychic energy to the point where the plan to write

\* Stern (1912) pointed out years ago that the cathetic processes need not necessarily correspond with the behavior in the realistic object world.

<sup>10</sup> At this point I wish to refer to Ernst Kris's writings and to some additional personal remarks of his on the subject of sublimations. Kris (1932) has beautifully described the ability of creative persons to let their ego immerse into the id and emerge again, and thus, by oscillating between closeness to and distance from the id, to use the id in the service of the ego. In further comments on this problem, Kris expressed his assumption that the capacity for sublimation is connected with a particular ability of creative people to draw and absorb psychic energy through manifold avenues from the deepest energetic flux of the id, and to veer it into the channel of creative activity. This ability, I believe, would presuppose a particular energetic elasticity in such persons, permitting rapid processes of drive transformation, drive fusion and drive neutralization. This drive elasticity would account for the capacity for such constant fluctuations between id closeness and id distance during the creative process.

I may additionally express my surmise that such an energetic elasticity in creative persons may combine with a particularly favorable vicissitude of their orality, which enables them to hypocathect temporarily all other objects to an amazing degree and to hypercathect the one subject on which they work consistently with great amounts of energy in a way reminiscent of the small child's exclusive oral investment in his one love object. But after achievement of their goal, such creative persons are able to re-establish their previous cathective balance up to the time of another creative spell. This astounding ability, I believe, becomes manifest in their "devouring" interest in their work, which during such a creative spell makes them utterly forgetful of the rest of the world, and in their return to the common ways of life after completion and relief of the tremendous creative tension.

about it turns into action. Of course, the writing will never proceed if the writer does not have sufficient self assurance at his disposal, self assurance which must be based on an awareness and realistic evaluation of his abilities. His ego ideal and ambitious fantasies, in general, may be a further effective stimulus. As the author begins to write, he may 'fall in love' with his book. Since the book represents to him his own creation, his way of self-expression, this "love" may be rather of a narcissistic type. Moreover, the function as such, the acts of thinking and writing, may be a highly vested, preferred form of self-satisfaction. After publication of the work, the praise by the public, the splendid sale of the book, the gain of money from it, all these gratifications may be the writer's additional narcissistic rewards. But all these manifold narcissistic elements involved in such creative ego activity are bound to interfere with the function of thinking and writing if the major aim of the book does not remain the writer's true, "autonomous" interest in the scientific field, in the special material he is dealing with and in the discoveries he has made. In short, an "objective" interest. The object-directed nature of his interest will find an expression in a quiet devotion to his work, to the point of self forgetfulness or even of self-sacrifice. In comparing personal object relations with social and cultural pursuits, we must of course admit that the latter ego activities are less "object libidinous", first, because they are more "detached," i.e., cathected with more neutralized drives, but, second, because they permit and entice to more narcissistic gratifications than mature love relations may commonly do.

Since all ego actions aim at gratification of the self on an outside personal or thing object, they represent at the same time object related and narcissistic pursuits which must involve temporary changes in the cathexes of self and object representations and in the processes of discharge of self-directed as well as of object-directed (libidinous, aggressive, and neutral) psychic energy. Normal ego functioning presupposes a sufficient, evenly distributed, enduring, libidinous cathexis of both object and self representations. The action will arise from an initial hypercathexis of the specific object at which it aims, with libidinous, with aggressive, and with neutralized energy. Besides, ego action requires the spur of a concomitant, libidinous hypercathexis of the self representations, which will encourage and guarantee the success of the action. This libidinous cathexis extends to the representations, on one hand, of the body parts and organs to be employed for the action, and, on the other hand, of the whole self as an entity. The rising cathexis of the latter manifests itself in general feelings of increased self-confidence preceding

and stimulating first the cathexis of the executive organs and then the action

The increase of object cathexis puts the drive into motion determines its direction and by way of drive discharge processes leads to completion of the action. After successful action libido is withdrawn from the object and is turned back to the self and the self representations. Their rising cathexis finds expression in feelings of satisfaction in the body parts used for the action and in the general increase of self esteem. We may add that libidinous hypercathexis of the self along with an aggressive hypercathexis of the object representations will be characteristic of narcissistic, aggressive or sadistic attitudes toward the object furthermore that both an insufficient libidinous object cathexis and/or an insufficient initial narcissistic cathexis may result in the partial inhibition of ego functions. A libidinous hypercathexis of the object along with an aggressive hypercathexis of the self and the self representations will be bound to produce failure and will correspond to masochistic behavior. But a major withdrawal and shift of cathexis from the object to the self representations such as occurs mostly in normal and pathological forms of regression will eventually lead up to inactivity or to general inhibition of ego activity.

We may conclude our discussion of the cathectic and discharge processes underlying attentional and functional ego activity by tracing also their relation to the corresponding emotional expression. We recall our preceding remarks about the genetic origins of affects and ideas in centripetal physiological processes of discharge on the inside which with the opening up of the respective pathways combine with centrifugal processes of discharge to the outside. They lead at first only to sensations and concomitant primitive patterned motor reactions later on to full affectomotor manifestations associated with fantasies and eventually to feeling experiences attached to fantasy and thought processes leading to adequate functional motor activity i.e. to object relations and autonomous ego functions.

Our further inference namely that all ego activity being satisfaction of the self on an object must combine interrelated self and object directed (*libidinous aggressive and neutralized*) cathectic and drive discharge processes must be valid for emotional experience too. Being self-expression as well as response to outside stimuli affects and feelings appear to be predominantly induced by and composed of both of centripetal and centrifugal processes of self directed discharge on the inside and of object directed discharge toward the outside. I may repeat that in the more differentiated organism of course the discharge of drives which



have been turned toward the self does not occur only by way of physiological discharge processes toward the inside. This drive vicissitude undergoes a decisive development as soon as self-representations become established and the self can be treated like an object. From then on, the drive energy with which they are cathected can be discharged also to the outside by way of thoughts, feelings and motor actions which aim at the self as the object. This development is, of course, greatly enhanced by the constitution of the superego which, as in the case of depression, can thus, e.g., effect the discharge of self-destructive energy by suicidal action. In view of this, self-destructive physiological phenomena must be regarded as more regressive than self-destructive thoughts, feelings and actions.

The relations and proportions between centripetal and centrifugal, between self and object-directed discharge processes have a high significance for the emotional qualities in general. Apart from the influence of the specific drives involved, these qualities appear indeed to be greatly determined by the part that discharge on the inside versus discharge toward the outside play in the whole process inducing the affect. I may only point to characteristic changes of the emotional qualities in the course of affective development when the child advances from the pre-oedipal, narcissistic stage to the period where true object libidinous relations develop. No doubt these affective changes are the result of numerous influences (Jacobson, 1953a). But quite apart from all these other factors, the early, preoedipal affective organ language reflects the preponderance of inside physiological discharge processes at that stage, the colorful affect qualities and rapidly changing affects during the later preoedipal and early oedipal period, when the mainly self-expressive affecto-motor activity of the child alternates with the most touching expression of object-related feelings, reverberates his constant fluctuation between autistic narcissistic and clinging-dependent attitudes toward the objects, finally, the warm, affectionate feeling qualities and the rich feeling shades, which develop after establishment of stable self and object representations and of true object relations and ego activities, betray clearly the object-related nature and the changing proportions between self and object-directed drive discharge and between libidinous, aggressive, and neutralized drive components in the emotional processes. These proportions appear to find a special reverberation in the qualitative differences between the affects of the autistic-schizoid personality type and of people who relate well to the object world. The wide and rich affective scale, the manifold and subtle feeling shades, the warm and vivid emotional qualities in the latter point to the predominance of object libido and to the variety of

its fusions with more or less neutralized energy. By contrast, in the former, the range of feelings is limited mainly to certain affects, such as to feelings of cold hostility, of anxiety, hurt, shame or pride, of security or insecurity, of high or low self esteem, of grandeur or inferiority and guilt. This and their affective coldness and rigidity appear to indicate the prominent part of inhibited but unamalgamated aggression and the prevalence of self directed discharge processes.

### THE ADVANCE FROM PRIMITIVE PREOEDIPAL IDENTIFICATIONS TO EGO IDENTIFICATIONS

In discussing the building up of self and object representations and of ego interests and functions we have deliberately by passed the processes of identification which play such a paramount part in the molding of individual personality traits. Their development deserves a special discussion which leads up to the problem of ego-ideal and superego formation. Our inquiry into the preoedipal origin of ego and superego identifications will furthermore, offer a good opportunity to go back to and reconsider once more specific affects of the earlier stages of ego formation to which thus far we have only briefly referred.

Freud (1923) describes the establishment of ego and superego identifications in the chapter on 'The Ego and the Super Ego (Ego Ideal)' in *The Ego and the Id*. His point of departure are the narcissistic identifications of the melancholic.

We succeeded in explaining the painful disorder of melancholia by supposing that in those suffering from it, an object which was lost has been reinstated within the ego—that is that an object cathexis has been replaced by an identification.

[Freud then continues:] Since then we have come to understand that this kind of substitution has a great share in determining the form taken on by the ego and that it contributes materially towards building up what is called its character.

At the very beginning in the primitive oral phase of the individual's existence object cathexis and identification are hardly to be distinguished from each other.

When it happens that a person has to give up a sexual object there quite often ensues a modification in his ego which can only be described as a reinstatement of the object within the ego as it occurs in melancholia. The exact nature of this substitution is as yet unknown to us. It may be that by undertaking this introjection which is a kind of regression to the mechanism of the oral phase the ego makes it easier for an object to be given up or renders that process possible. It may even be that this identification is

the sole condition under which the id can give up its objects. At any rate the process especially in the early phases of development is a very frequent one and it points to the conclusion that the character of the ego is a precipitate of abandoned object cathexes and that it contains a record of past object choices.

We must also take into consideration the case of simultaneous object cathexis and identification i.e. in which the alteration in character occurs before the object has been given up. In such a case the alteration in character would be able to survive the object relation and in a certain sense to conserve it.

In these remarks Freud outlines the problems on which we are going to focus the infantile development from primitive so-called narcissistic, to real ego and superego identifications and the differences between the first and the latter.

The earliest infantile stage is represented by the mother child unit, a situation which of course cannot be described as yet in terms of identification which is a process.

I have mentioned repeatedly that probably the infant can at first hardly discriminate between his own pleasurable sensations and the objects from which they are gained. Only when the perceptive functions have sufficiently matured can gratifications or frustrations become associated with the object. We referred also to the constructive influence of frustrating experiences on the discovery and distinction of the self and the love object. Induced by such repeated unpleasurable experiences of frustration of deprivation and separation from the love object fantasies of (total) incorporation of the gratifying object begin to arise expressive of wishes to re-establish the lost unit. This desire probably never ceases to play a part in our emotional life. Even normally the experience of physical merging and of an 'identity' of pleasure in the sexual act may harbor elements of happiness derived from the feeling of return to the lost, original union with the mother.

Thus the earliest wishful fantasies of *merging and being one with the mother* (breast) are the foundation on which all future types of identification are built.<sup>11</sup>

Let us view these fantasies more closely in connection with the infant's instinctual activities at a stage when he is already able to perceive the love object or at least object parts as different from himself. Whenever he drinks from his mother's breast or is physically close to her body his

<sup>11</sup> I have deliberately avoided Freud's term *primary identification* which is somewhat vague in so far as it appears to refer to the primary state of union with the mother preceding discovery and cathexis of the object world as well as to the pre-*oedipal* type of identification to be discussed further on.

wishful fantasies of reunion with the mother by means of oral incorporation will be gratified. Hence with the achievement of gratification, his images of the self and of the love object will temporarily merge, only to be separated again with the increase of instinctual needs and experiences of hunger and frustration apt to arouse aggressive and libidinous oral desires.

Thus the hungry infant's longing for oral gratification is the origin of the first, primitive type of identification, an identification achieved by refusion of self and object images and founded on wishful fantasies of oral incorporation of the love object. This refusion of self and object images will be accompanied by a temporary weakening of the perceptive functions and hence by a return from the level of beginning ego formation to an earlier, less differentiated state.

This type of identification plays a predominant role in the mental life of the baby throughout the preoedipal and early oedipal phase and to some extent even later. In fact, it will still find its place within the mature psychic organization. If I referred above to the sexual experience in which the whole self seems to merge with the self of the partner, I may now add that the ego will widely use such temporary fusions of self and object based on introjective and projective mechanisms, for the special purpose of establishing those short-lived identifications on which our subtle, empathetic understanding of others, especially those we love, depends. However, such temporary regressive mechanisms of identification induced in the service of the ego do not normally weaken the firm boundaries between the self and the object, whereas at the infantile stage of which these mechanisms are representative such boundaries have not even been fully established. We mentioned already that even far beyond the preoedipal period the self and object images tend rapidly to vary, separate and merge again. Even when the baby has progressed to a full awareness of himself and of his love objects as individual entities, his dependency on the mother in regard to most of his instinctual needs and ego functions is still bound to prevent the complete separation of maternal and self images. Instinctual gratifications, physical closeness, the support and protection gained from her, all tend to join them again and again, such that in general the maternal image will continue for some years to be only an extension of the child's image of his self, or the reverse.

Whereas the above-described fantasies of fusion with the love object are rooted in the child's anaclitic, dependent relationship to the mother, a more active type of primitive identification develops from the child's increasing efforts to imitate the love objects. In *The Psychoanalytic*

*Theory of Neurosis*, Fenichel (1945) has described the close connections and interrelations between the still predominantly receptive infantile fantasies of this period and the imitations of the love objects which begin in the first years of life but already require the participation of the motor apparatus. Since these imitations originate in the close, empathetic ties between mother and child, they probably start out from what we may call primitive affective identifications. The fact that the mother is able directly to induce affects in the baby by way of her own affective expression—a fact on which Sullivan's anxiety theory is based—is well known, but difficult to explain. Observations on infants leave little doubt that the child begins very early to perceive, to respond to and to imitate the gestures, the inflection of voice and other visible and audible affective manifestations of the mother. We may surmise that the mere imitation of such parental emotional expression can influence the child's own discharge patterns in a sufficient degree to induce identical affective phenomena. In any case, these early infantile affecto-motor identifications seem to precede and usher in imitations of the parents' functional activities.

The child's own expanding motor activities, his learning to walk and to talk and to behave like the parents, his cleanliness training which is expressive of a beginning instinctual control—all these accomplishments certainly mark the onset of ego formation. But his playful imitations of what the parents do are first only forerunners of true ego identifications, just as his beginning reaction formations are but the precursors of superego formation. In fact, we must not speak of ego identifications before the child begins to develop lasting ego attitudes and character traits taken over from the parents, and before he manifests true ego interests and practices meaningful ego functions guided by their example and their demands.

This presupposes a transition from desires for a complete union with the mother to strivings to become only "like" her. Such strivings, which form the first, primitive nucleus of the future ego ideal, indicate the progress from wishes for a total to fantasies of only partial oral (anal, visual, respiratory) incorporation of the love object.

In the beginning the baby's imitations of the mother, of her gestures, her behavior, her actions, are indeed only formal "as if" activities without awareness of their meaning, founded merely on the close links of empathy with the mother. Their essential goal is not yet to achieve a real likeness with the love objects. At this stage the child is still apt to believe that imitating the mother, "playing mother," means being or becoming the mother. Such magic, illusory fantasies indicate how much the child wants to maintain the mother as a part of himself and to adhere to the

primitive aims of identification the merging of maternal and self images without distinction of and regard for the external and his own inner reality

The main progress manifests itself in the child's growing desire to achieve this goal no longer only by way of oral gratification from the love object but also by activity of his own. However his insufficient capacity for perception of reality still permits him to join and to expand his images of the objects and of his self in accordance with his wishful magic fantasies regardless of the love objects and his own limitations.

This is the period of constant cathectic shifts and changes to which I referred already above. Continuously libido and aggression will be turned from the love object to the self and vice versa or also from one object to the other while self and object images as well as images of different objects will undergo temporary fusions will separate and join again. Simultaneously there will be a tendency to cathect one such composite image unit with libido only while veering all the aggression to another one until ambivalence can be tolerated. These cathectic processes will be reflected in introjective and projective mechanisms based on the child's unconscious fantasies of oral incorporation and of anal ejection of the love object. At this stage the child will display submissive clinging attitudes or behavior alternating with temporary grandiose ideas showing his magic participation in the parents' omnipotence. There will be erratic vacillations between attitudes of passive helpless dependency on the omnipotent mother and active aggressive strivings for self-sufficient independence or for a powerful control over the love objects.

In his interesting studies on elation Lewin (1950) has traced back the genetic origin of these opposing active-aggressive and passive-submissive attitudes to different phases in the child's earliest experiences of oral gratification. The desires either to make the mother part of himself or to become part of her appear indeed to be derived from fantasies of either devouring the love object or being devoured by it. According to Lewin they go back to the two phases of oral gratification: the first where the child gets aggressively hold of and drinks from the breast and the second where he relaxes, becomes passive and finally—the third phase—goes to sleep.

The increasingly contradictory either passive-submissive or active-aggressive behavior of the child during the preoedipal and early oedipal period goes of course hand in hand with his ambivalent emotional fluctuations between loving and trusting admiration of his omnipotent parents and disappointed distrustful depreciation of his love objects.

The magic fantasy world of the preoedipal child is only gradually relinquished, its remnants certainly survive the oedipal period. We remember from our quotation above (p. 76) that Freud describes the megalomaniac attitudes of children, primitives and schizophrenics, their belief in the omnipotence of thoughts and in the magic of words, as evidence of 'primary narcissism'. Actually, however, these attitudes appear to be manifestations of beginning 'secondary narcissism' or, as we should rather say, of preoedipal stages of ego formation and of a beginning establishment and cathexis of self and object images, with as yet weak boundaries between them. To these stages the psychotic ego appears to regress.

We found on the other hand that Freud (1923), though recognizing the 'narcissistic identifications' of melancholics as genetically earlier mechanisms, in *The Ego and the Id* related them to the ego and superego identifications without commenting on the characteristic and highly significant differences between these two mechanisms.

Observations on schizophrenic and manic-depressive psychotics, which are highly informative with regard to the early stages of ego formation, confirm indeed the genetic connections between such primitive and true ego and superego identifications, but also highlight their conspicuous differences (Jacobson, 1951a).

Regarding the preoedipal identifications, we may repeat that, magic by nature, they are founded on primitive mechanisms of introjection or projection corresponding to fusions of self and object images which disregard the realistic differences between the self and the object. They will find expression in illusory fantasies of the child that he is part of the object or can become the object by pretending to be or behaving as if he were it. Temporary and reversible in small children, such ideas may turn in psychotics into fixated, delusional convictions. Regardless of reality the melancholic will, indeed, hate and accuse himself as though he were the love object, whereas the schizophrenic may even consciously be convinced that he is somebody else.

Before examining the ego identifications we must interpolate some remarks on the mechanisms of introjection and projection, on which all forms of identifications are founded, with special reference to Melanie Klein's ideas on object image and superego formation.

Theoretical precision suffers quite generally from our neglect of clear distinctions between external objects and their endopsychic representations. But Melanie Klein (1948) increases this confusion by her failure to distinguish these mental representations, called 'internalized' or 'introjected' objects, from those of the self. We stressed above the importance of such clear distinctions. Keeping them in mind, we cannot,

as Melanie Klein and her followers do define the internalization of external objects leading to constitution of object images as an introjection of objects or simply designate any transference of object images onto external objects as a projection. To be sure these processes are founded on such early incorporation and ejection fantasies as Melanie Klein has described. But we do better to distinguish such early infantile id fantasies from the mechanisms of introjection and projection which are derived from them. As we shall see transference may indeed involve projections and the constitution of object images probably uses introjective and projective mechanisms.

Strictly defined the terms introjection and projection refer to endopsychic processes meaning that either the self representations assume characteristics of object images or the reverse. Only in the event that such object images which have acquired features of the self are then attached to external objects will their transference be of a projective nature. In so far as object images are derived from external objects their introjection will in turn endow the self with characteristics of real persons. But paranoid patients may e.g. develop projective delusional ideas of persecution which they never even attach to definite persons on the outside. And in psychotic introjective processes we may again find that the archaic object images which were merged with the self may have but little to do with the current external reality.

It is true though that the child's undeveloped reality testing his insufficient capacity for distinction between external and internal reality is responsible for the weakness of the endopsychic boundaries between self and object images which facilitates drastic cathectic shifts between them and promotes continuous introjective and projective processes. These deficiencies permit the small child easily to falsify his perception and to hang either his own wishful fantasies or his own unpleasant features onto his love objects or in turn to equip the self with desirable attributes ascribed to them.

Melanie Klein's ideas on introjected objects appear to be inferences drawn from observations on psychotic or borderline patients who show interesting intermediary stages in such processes of introjection or projection. Such patients may experience their own mental functions or body organs partly as belonging to their self partly as incorporated objects which they want to get rid of.

Observations of this kind are certainly very instructive and helpful for detailed studies of the developmental stages that we have been discussing. They also make us wonder if the establishment of object images might not represent a compromise solution between the little child's



ambivalent tendencies to make the 'good' love object part of his self but to eliminate the bad object from the self. In so far as the object images are endopsychic formations they certainly have become part of the inner world, i.e., of the self, but by being distinguished as objects from the image of the self, they become separated and kept apart from the self. In view of this consideration, we must admit that to a certain extent Melanie Klein is right, namely, in so far as both introjective and projective mechanisms participate in the constitution of object representations.

Nevertheless, we must insist on the pertinence of our distinctions and terminological restrictions. If we were to accept Melanie Klein's terminological usage, we could not distinguish between object and self images or distinguish the establishment of object images from the identifications which we are just discussing and from superego formation. What all these different formations have in common is merely that they are processes of 'internalization'—if we wish to apply this rather broad and vague term at all.

The processes leading to ego identifications set in with the transition from the stage of infantile dependency to ego independence. They mark the introduction into the psychic organization of a new time category, of the concept of the future. Moreover, they presuppose the ability to perceive and distinguish single physical and mental features of the love objects. Thus the early infantile wish to achieve oneness with the love object yields to desires to become like the object by mechanisms of 'partial introjection' only. This realistic aim can be reached by way of deep-seated modifications of the ego which now really assumes certain characteristics of the object. In so far as the self representations become a mirror of the ego they will begin to reflect the traits taken over from the object of identification such that a likeness between the object and the self can now be experienced on a realistic basis.

Of course the child will be protected from relapses into the world of magic, primitive identifications to the extent as he succeeded in building up well-defined self representations separated by distinct, firm boundaries from the likewise realistic representations of his love objects. The processes which lead up to the establishment of such realistic ego and, eventually, superego identifications are partly well known and have been partly described above. To put it briefly, the awakening of competitive instinctual strivings and further on during the oedipal phase, of genital identifications with the oedipal rival not only stimulate the development of identifications in general but also influence their direction with the discovery of the sexual differences the father becomes the central object

of identification to the little boy, on the grounds of anatomical likeness. We know that the sexual vicissitudes of the little girl are more complicated. Her oedipal relationship to the father is founded on her rejection of the female genital and on her penis envy, which arouse wishes to become like the father by incorporation of his penis. But as the oedipal constellation shapes up, her oedipal rival, the mother, will become the little girl's main model and the sexual identification with her will help her eventually to accept her female anatomy.

While the oedipal sexual strivings reach their climax, the narcissistic body cathexis becomes centered about the genital organ. At the same time the influence of the oedipal prohibitions and of castration fear reinforces drive neutralization. As the physical, ideational, emotional development progresses, the whole motor system will be increasingly cathected with more or less neutralized libidinous and aggressive forces at the expense of the genital and the pregenital erogenous zones. Asexual thought and feeling processes win gradually out over sexual fantasies and impulses. Hand in hand with the gradual maturation of autonomous ego functions, the building up of ego identifications and object relations, of self and object representations advances further. The establishment of a new system, the superego, gives all these developmental processes an enormous impetus. Great amounts of psychic energy can now be liberated and utilized for aim-inhibited pursuits. From then on the development of asexual physical activities, of social, intellectual, and cultural interests, can make rapid progress. The latency period has set in.

### THE SUPEREGO

#### *Its Precursors*

Even though the sense of reality now gains more and more momentum, the superego is the one area of the ego where the child's omnipotent fantasies find a safe refuge and, in a modified form, can be maintained for ever to the profit of the ego.

We had discussed the development from preoedipal magic to ego identifications and from primitive object and self images into consolidated object and self representations whose site is in the ego. But interrelated with this development we observe processes in another direction. These processes transform the magic images of the self and of the love objects into a unified ego ideal and by internalization of the parental prohibitions and demands, establish superego identifications and self-critical superego functions. We have sufficiently emphasized that the lack of distinction between the constitution of self and object representations,

of ego identifications and of the superego appears to account for certain concepts of Melanie Klein's which I believe to be erroneous. Since she does not clearly distinguish the establishment of object relations, which proceeds with the building up of self and object representations in the ego from the processes of partial identification with the love objects leading to superego formation, she dates the beginning of the latter back to the first months of life.

In so far as these infantile, magic self and object images even before being fully separated begin already to form the primitive kernel of an ego ideal, Melanie Klein is certainly right again. It is also true that at this early stage, love and identification can scarcely be differentiated, since the primitive object relations involve continuous introjective and projective mechanisms, these processes are first intermingled. Moreover, we must certainly regard the first pregenital reaction formations, which begin already to internalize parental demands and prohibitions, as fore runners of the superego.

However even though the foundations for ego-ideal and superego formation are laid during the first years of life, the establishment of the superego as a system presupposes that the psychosexual development has advanced to a certain stage.

Realistic strivings to become like the love object must have gained sufficient force and direction. The child must have formed comprehensive and distinct conceptions of his love objects and their mental characteristics. He must be ready to take over from his parents a uniform and consistent set of moral and cultural standards, to keep these abstract ideals to some extent apart from the 'realistic' parents, and to make them his own. Then only can he understand and accept the central aim of the parents' prohibitions: the necessity to renounce his oedipal desires and to control and tone down his instinctual impulses and his affective urges in general.

The insufficient distinction between object and self during the beginning constitution of an ego ideal, or rather of its precursors, explains why in its deep, unconscious kernel we may detect fusions of both early infantile images of the love object and of the self, and why at bottom the superego and the ego ideal harbor the grandiose wishes of the preoedipal child as well as his belief in the parental omnipotence. In fact, parental demands and prohibitions can probably become internalized only by joining forces with the child's own narcissistic, ambitious strivings to which they give a new direction.

In 'On Narcissism: An Introduction', Freud (1914) refers to these origins of the ego ideal in early, narcissistic strivings when he says

That which he projects ahead of him as his ideal is merely his substitute for the lost narcissism of his childhood—the time when he was his own ideal

This double face of the ego ideal which is forged from ideal concepts of the self and from idealized features of the love objects gratifies indeed the infantile longing of which we said that it is never fully relinquished the desire to be one with the love object. Even our never ending struggle for oneness between ego and ego ideal reflects the eternal persistence of this desire.

We stated that the constitution of the superego system is prepared during the preoedipal stage by the development of the first reaction formations. In fact, the most drastic changes in the cathexis of the self and its representations are brought about first by the curbing of pregenital and sadistic strivings then by the castration threat and finally by superego formation.

Following up the various stages of superego formation we shall have an opportunity to consider in general at least the most important influences of the instinctual vicissitudes on ego and superego development. Conflict born and founded on counterathetic processes the anal reaction formations in particular for the first time turn the child's aggression drastically from his love object to his self. Contrary to the processes of sublimation which we have discussed reaction formations as such do not displace libido or aggression from forbidden onto aim inhibited interests. Even though they certainly induce and reinforce the building up of such interests they represent essentially changes in the child's attitudes toward his own instinctual strivings and in general toward himself and consequently also toward the object world. Of course changes in the child's attitudes are not only achieved by reaction formations. All forms of ego identifications lead to the development of characteristic individual ego attitudes. We may interject at this point what we mean by attitudes or ego attitudes whose development we have so far scarcely considered although it plays such a prominent part in the building up of the individual personality of the character of a person. By attitudes we understand characteristic features which become manifest in the most general way in all mental areas in a person's ideas in his feelings and in his behavior. If we said that reaction formations bring about changed attitudes we meant that in a certain area a new principle begins to be effective in the child and to be divulged in his different feelings his different ideas and his different actions within this area. Thus the reaction formations acquired during bowel training will show

first, in ideas that feces are dirty and belong in the toilet and that children who soil are bad second, in feelings of disgust at the bowels, of shame at loss of bowel control, of pride in achieving cleanliness and of pleasure in clean, neat, and beautiful things and, third, in active efforts to move the bowels punctually on the toilet, to keep clean and to accept the meaning of time, the routine of life and schedules in general Additionally and secondarily, aesthetic interests and the urge for artistic creation may develop, indicative of a beginning sublimation of anal drives I need hardly mention that the reaction formations named above do not all arise only in connection with the bowel training but have also other roots and functions

Even pity and compassion, seemingly only feeling reactions or pre-dispositions for such reactions, involve more than pure 'feelings' They include not only an empathetic understanding of suffering and ethical convictions, such as that people who suffer should be helped, but also a readiness actively to stanch their suffering

Thus a good criterium for success or failure of reaction formations is frequently whether they have consistently changed the attitudes of a person in this field. In neurotic pity there may be overwhelming feelings of pity, but no action or exaggerated ideas of obligation or even helpful actions concerning those who suffer, but no true feelings, and so on, and so forth (Jekels 1930)

The infantile reaction formations establish in limited areas the child's sense of human values and change his earliest infantile value measures, a development which reaches a peak in the course of superego formation with the building up of a stable value system

The first infantile notions of what is valuable or worthless arise with the distinction of pleasurable and unpleasurable oral experiences Thus the earliest infantile value measures are those of pleasure versus unpleasure only We may observe their reappearance in depressed or elated states (Rado, 1928)

As oral deprivation alternates with gratification and these experiences become associated with the love object images of a good and of a bad mother emerge, of a mother who may change from bad to good as refusal changes to gratification When the child's aggressive reactions to frustration begin to arouse fears of retaliation the 'bad mother' will become a 'good punishing mother who may become reconciled by the child's being good again.' As we know, this emotional logic, not only of moral badness leading to punishment but of a pleasure premium inevitably attached to goodness, never ceases to be effective in the human mind and strongly influences the intrapsychic ego-superego relationship

The child's conviction of such interrelations between the mother's and his own behavior is of course greatly reinforced by his cleanliness training

Since the learning of bowel control influences and even promotes the anal erotism and the infantile preoccupation with feces as part of the body it contributes to the libidinous cathexis and to the child's awareness of his body self. At the same time it intensifies his relationship to the mother and helps to teach the child that love is active and involves not only receiving but also giving.

But for the development of self-critical functions the turning of aggression and of a very particular form of aggression toward the self has the greatest significance. What I refer to is an aggression that aims at devaluation of the object and finds expression in depreciating, derogatory attitudes toward it. This form of aggression which when turned onto the self is as we know predominant in depressives, plays also normally a prominent role in the building up of ego ideal and superego and of our sense of values. It develops as the ubiquitous answer to infantile experiences of frustration and disappointment and has its origin in the infant's spitting or vomiting response to undesirable or unwanted food. This primitive at first merely physiological response is the forerunner of the feeling of disgust, a reaction formation which maintains forever close relations to pregenital oral and anal experiences. We frequently observe that children some time after being weaned begin to respond to the breast and to mother's milk or to milk in general with intense disgust.

In the course of the cleanliness training such derogatory aggressive reactions become displaced from the oral onto the anal zone: bad food, vomit, feces become associated. From then on anal aggression and its derivatives will always be used as expression of profound depreciation.

But disgust, originally a derogatory reaction to the frustrating breast, i.e. to an outside object, becomes now a response to the child's own body part, the feces, and to his own bad behavior. Very ambivalent attitudes toward the anus and feces develop as this highly appreciated part of the child's body, his most valuable present to the mother, becomes more and more an object of disgust and derogation.

Feelings of disgust and of shame, a reaction formation to exhibitionistic wishes, from now on assist the child in his struggle with his forbidden pregenital and later on with his genital wishes. His reaction to his own good or bad anal behavior, his pride in successful bowel training, his pleasure in giving this anal present to his mother, his shame and disgust at losing bowel control, all these reactions indicate remarkable

changes in the child's attitude and in his concepts of value or worthlessness

In the modifications of infantile value measures one can rather clearly distinguish those which come about under the influence of standards conveyed by education and are supposed to achieve instinctual control and inhibition, from those which are connected with the development of the child's narcissistic strivings and of his autonomous ego functions

The educational influences on the development of the infantile value system find expression mainly in the acceptance first of the sphincter morale, then of standards for social behavior, and eventually of general ethical codes whose core is the incest taboo

The modifications of the infantile conceptions of value caused by the changing vicissitudes of infantile narcissism and by the advancing ego development announce themselves during the preoedipal anal sadistic period in the predominance of magic ideas and feelings, such as discussed previously. They are centered about the high value of omnipotence.

Of course the magic fantasy life of the child at the preoedipal stage finds a large playground in the oral and anal areas. This becomes manifest in the child's omnipotent ideas about the maternal breast and his own feces in his attempts to assert his power either by soiling or by withholding feces. His tendency still to regard the mother as an extension of himself will come to the fore in fantasies that his feces belong to and are part of his mother, just as her breast belongs to him.

The child's intensive preoccupation with such omnipotent ideas and strivings during this period indicates indeed that, quite apart from the establishment of sphincter morale, the original equation of value with pleasure is losing ground in favor of a new concept of value, that of power versus weakness.

If the child's first images of a "good" or "bad" mother had only referred to a gratifying or depriving mother, good and bad now assumes a different meaning. His notion of a worthy mother will express his increasing need for a consistently strong mother or father, respectively.

This transformation is, of course, indicative of advancing ego formation of the increasing cathexis of self and self-representations, and of the child's growing awareness of the self as an entity. But it is even more a repercussion of the child's realization of his biological helplessness and of his dependency on the mother. This realization explains why the child prefers not only frustration and deprivation but even severe aggression from the mother to her loss.

This is of particular importance in the development of masochism.

From such cases we learn that a helpless child with a hostile rejecting mother will try his best to accept and submit to his powerful aggressive love object rather than give it up entirely

But even normally the vanishing belief in his own omnipotence will teach the child to prefer security to pleasure and hence to accept a strong love object that gives him security even though it may deprive him of pleasure—an attitude that prepares him for his oedipal conflicts

Whereas the pregenital notions of strength still revolve mainly about maternal power and security represented by oral anal property (breast feces) these ideas during the oedipal period become attached to the penis as the precious symbol of phallic strength. They find expression in the child's admiration of his father's powerful genital which is coveted because it appears to account for the mother's preference of the father. The final renunciation of the infantile genital strivings and the acceptance of the incest taboo which bring about a solution of the oedipal conflicts can be achieved because the child's wishes for phallic intactness eventually defeat his genital cravings

The prevailing fears during the various infantile stages reverberate the changes of the infantile scales of value just described. In the course of the preoedipal period the child's earliest fear of loss of pleasure changes to fears on the one hand of loss of the powerful supportive and protective love objects or of their love respectively and on the other hand of loss of his powerful priceless property the bowels. Around these central fears are grouped the fears derived from his first reaction formation fears of being ashamed exposed or disgraced of being despised and rejected. During the oedipal period the fears become centered about the penis they are castration fears. And with superego formation with the internalization of general ethical and moral commands and standards the castration fears become transformed into fears of the superego of not measuring up to the standards of the ego ideal

Before we can approach the ultimate setting up of a new psychic system which functions independently of the outside world we must prepare the discussion of this decisive stage by scrutinizing once more the influence of frustrating and disappointing experiences on the whole personality development

We underscored previously the great contributions that such experiences can make to the building up of the system ego always provided that the child is brought up in a general atmosphere of love and security. In case such experiences are severe set in at an early developmental stage and are not sufficiently compensated by parental love they may indeed profoundly damage the building up of object relations of ego



and of superego functions. For this reason our scrutiny of the constructive influence of preoedipal and oedipal disappointments on superego formation will extend also to the dangers involved in such unfortunate infantile experiences.

In the beginning, the child goes only through fleeting, though repeated, experiences of frustration which are not yet associated with the love object. Only with the development of object relations do they turn into experiences of real disappointment in the parents as human entities.

Let me now revert to my remarks on the one specific form of infantile aggressive response which, regarding superego formation, deserves such special attention: the reaction of devaluation. Of course, severe ambivalence in general threatens the child's development in all areas. However, among his aggressive reactions, devaluating attitudes to the parents play a special part because they endanger the building up of the child's self-esteem which depends on the child's respect and regard for his love objects. As fleeting at first as the frustrations by which they are provoked, such reactions cannot find expression in feelings and thoughts before vague notions of value have developed. Arising for the first time during the anal sadistic period, such unconscious and conscious derogatory and disdainful thoughts, feelings and impulses toward the parents increase and expand under the impact of oedipal conflicts and of the discovery of the difference of sexes, particularly if the child should also gain information about his parents' sexual activities.

Oral, anal, and genital forms of aggressive devaluation combine, and the disappointed child may experience his degraded love objects either as weak and empty or as dirty and disgusting or as destroyed and castrated.

The total effect of his disheartening experience is a disillusionment (*Enttäuschung*, the German term for disappointment) which, unless it sets in too early, has a beneficial influence on the development of the child's sense of reality and on ego formation in general. It assists the child in gradually relinquishing his magic fantasies about his love objects and himself.

The reactions of normal children to the experience of the castration shock, certainly one of the most traumatic infantile experiences, are evidence of this favorable effect.

As Freud (1931) pointed out, the female castration conflict is induced already during the preoedipal period by the little girl's disappointment that her mother did not provide her with a penis. In the little boy, the effect of his discovery of his mother's supposedly castrated genital appears to depend largely on the severity of his preoedipal and oedipal dis-

appointments in his mother. Devastating as the consequences of the castration shock may be, one must certainly not ignore that in a normal child the realization of the difference of sexes arouses his curiosity, his spirit of investigation promotes his inquisitive detection of the external world, helps to displace libidinous and aggressive strivings onto the sense of perception and on critical intellectual activity. In general, if the hostility released by disappointing experiences can be sufficiently absorbed and utilized by the ego, the reality testing profits greatly. Critical and self-critical functions are stimulated, the realistic perceptions of the world and of the self expand and sharpen, and the ability of the ego to tone down illusory concepts and expectations becomes reinforced in turn.

In this process the little girl fails, of course, more easily. Since for both sexes phallic strength remains for a long time the outstanding symbol of power and value, her disappointment and deprivation result not only in feelings of being rejected by her mother because of her deficiency, but also in a profound depreciation of the mother and of her own castrated self. From these reactions the little girl recovers very slowly, if ever. The final outcome of her conflict depends a great deal on the mother's personality, attitude and love. In any case her depreciation of the mother is sufficiently severe for her to turn her love away from the first love object to the father, and commonly also to achieve a partial or total withdrawal of libidinous cathexis from her genital for years to come.

Whereas in the little girl the castration conflict greatly upsets her personality development in all directions, the little boy is usually less affected by the discovery of the supposed female castration, even though it reverberates and reinforces his own castration fears.

We mentioned previously that this discovery is a milestone in the male ego development in so far as it signifies the onset of true identifications with the father founded on masculine equality. The castration shock will cause the little boy indeed to turn his needs for dependency away from his mother to his glorious phallic father and to make him the protector, the supporter, the powerful extension of his self.

The little boy's common reaction to the castrated mother—his self-assertion as a superior male like his father toward the weaker female—is worth mentioning because this device becomes a well-known general pattern of establishing superiority over a disappointing object.

Only in case of early exposure to severe and constant disappointments in the mother we observe that the little boy may react as the little girl commonly does: he may devalue his mother completely, give her up as

a love object altogether, identify with the castrated female and select his father as the exclusive love object

Such impressive cases and the bad effects even of the normal female castration conflict emphasize, indeed, the very dangerous influence of a general disillusionment of the child in his love objects on his instinctual and ego development, especially when it sets in at an early infantile stage

Let us imagine that a child is neglected, or consistently disappointed in his parents during the phase of magic participation in the parental omnipotence and of primitive identifications I refer to the phase that we have previously described, where self and object images still are not fully established and tend to undergo continuous fusions again, the phase where libidinous and aggressive forces move freely back and forth from self to object images and the reverse In view of this condition of cathectic fluency, if an aggressive cathexis of the love-object image is constantly built up, it will tend to impart itself immediately to the self image This occurs all the more easily, the less the distinction between self and object has advanced or has been allowed to advance Many schizophrenic case histories inform us about the dangers arising from narcissistic parental attitudes mostly combined with a lack of empathetic love, which do not permit the child to establish his own identity and keep him in the situation of being only a parental extension In all such cases where the child still participates in the parental omnipotence, the self will be bound also to participate in the aggressive degradation of his love objects The previously discussed primitive mechanisms of identification will have a fatal effect. First, libido will be unduly called away from the love object and be vested in the self The child will cathect the bad mother image with aggression and will achieve union with the good mother by merging her 'good' image with that of the self

Premature efforts for self-sufficiency and pseudo independence will be made, which naturally must fail Further endeavors to recathect the indispensable love object with libido will only result in displacing the aggressive cathexis from the object onto the self until recurring experiences of disappointment and the tendency of the infantile self to rid itself of unpleasure build up even more aggression toward the love object.

In this way introjective and projective processes and corresponding primitive identification mechanisms will be enhanced and may be fixated forever The child may be prevented from endowing object and self representations with a lasting libidinous cathexis and from establishing firm boundaries between them They may remain partially fused and

unduly cathected with aggressive forces. This will profoundly affect not only the libidinous development but also the ego and, as we shall see, superego formation. If supported by constitutional factors, it may predispose the child for psychotic development in which the above-described mechanisms play a tremendous role. In a child that has been disillusioned at a premature stage of ego development the preoedipal magic images and beliefs may never yield to realistic evaluations. Reality may be denied and magic infantile convictions sustained forever. Instead of ceasing the child's illusions about his parents may survive in a distorted way: the good love objects, those omnipotent gods, may repeatedly turn into bad, worthless figures—bad not only in the sense of being evil and aggressive but weak, empty and inferior—and the self images will readily participate in such processes of degradation and annihilation.

Since restitutive efforts may be made, vacillations may develop between distorted ideas either of the world's or the self's impotence, emptiness, nothingness, worthlessness, or of their omnipotent power and value.

Any slight hurt or disappointment may swing the pendulum in the one or, if unpleasant reality should be denied, in the other direction. As during the preoedipal period injury to the self may be re-experienced as disappointment in the love object or the reverse, disappointment will not only arouse aggression toward the love object but may boomerang and affect the self.

We shall presently turn to the establishment of those outstanding reaction formations whose aim is the solution of the sexual and aggressive conflicts during the oedipal period and the prevention of such processes as might lead to a harmful devaluation or loss of the oedipal love objects and of the self.

### *The Idealization of the Love Objects and Ego Ideal Formation*

In his struggle with such dangerous tendencies toward his parents the child finds assistance in his simultaneous opposite tendencies: in his loving admiration and overestimation of his parents, in his magic belief in their omnipotence and high value. Reanimated, reactively reinforced and modified by the endeavor to overcome disappointed, hostile, derogatory attitudes, these strivings become increasingly transformed into tendencies toward idealization of the parental love objects.

In his paper on narcissism Freud (1914) recommended to distinguish carefully between such idealizations which involve objects and the processes of sublimation which influence the direction of the child's

own strivings. We may additionally point to the distinctions and the interrelations between both these processes and the reaction formations.

Whereas the latter accomplish changes in the child's attitudes toward his own and in general toward instinctual strivings, the sublimations, enhanced by and interrelated with reaction formations, displace psychic energy from instinctual goals onto other, aim-inhibited, objects of interest. Both processes are influenced by and interwoven with the idealization of the parental love objects. When superego formation has set in, this idealization begins to extend from these idealized persons to abstract values in general, to ideas, ideals and ideal pursuits.

The originally close connections and cathectic vacillations between self and object images tend to cast the idealization back from the love object to the self. As the setting up of idealized parental images protects the child from his aggressive devaluation of the parents, the constitution of idealized self images counteracts the infantile tendency toward rapid self-devaluation.

Thus the processes of idealization not only serve the restitution of infantile object relations which are threatened by the child's ambivalence, but also help to heal the narcissistic wounds. Forever close to the id and yet indispensable for the ego, the ego ideal is eventually molded from such idealized object and self images and set up as part of the superego system, as a pilot and guide for the ego.

The separate though concomitant building up, on the one hand, of an ego ideal composed of idealized parental and self images on the other hand of realistic, well-founded self and object representations, appears to reverberate the child's simultaneous acceptance of and resistance against the reality principle. Whereas part of himself, his ego that is in continuous contact with reality, gradually tones down illusions and accepts reality, another part of the self, that cannot cease to believe in magic, is split off. However, this might only promote a survival of magic images and conceptions in the id rather than their transformation into internalized ideals, codes and standards for the ego.

What induces this development is the advance from fantasies of being like the parents to strivings to become like them, which we discussed previously in connection with the ego identifications. There we remarked that this step presupposes the introduction of the factor of anticipation of the future. But the constitution of inner standards requires the ability to take over not only certain characteristics of the love objects but the moral values handed down by them. It is my impression that this further progress is partly due to the advancing maturation of the ego, leading to extension of the perceptive functions, of discrimination and judgment.

to abstract qualities. This promotes the distinction between the "real" parents and their idealized images, and the transformation of such ideal images into an abstract ego ideal.

Such strivings make possible a compromise between irrational desires and the demands of reality. They permit the survival of magic, idealized self and object images in part of the ego, as abstract conceptions of what we may wish to be like and what we may endeavor to become, even though we may never achieve it.

The prominent, strange, and precious quality of the ego ideal is its unreality and its distance from the real self, of which we are normally perfectly aware, and yet its tremendous influence on our realistic achievements.

The vicissitudes of the ego ideal reverberate, of course, the development of the infantile value measures. Its core harbors derivatives of early notions of value, such as the idea of eternal happiness, of glamor and wealth, of physical or mental power and strength, ideals which may play a paramount role in patients whose superego has never matured.

### *The Integration of the Superego and Superego Identifications*

The building up of a superego which proceeds with the organization, integration and internalization of the moral and ethical codes, begins with the acceptance of 'splinter morale'. But only at the end of the oedipal period a set of ideal standards centered about the incest taboo comes into existence, which begins to be independent of the parents and displaces the conflicts between child and parents onto the inner, mental stage. The maturation, depersonification and abstraction of the ego ideal, which take place only then, and the development of independent, self-critical superego functions and superego demands link up with the final renunciation of infantile sexuality under the influence of increasing drive neutralization.

We know that the effectiveness of the defenses against incestuous wishes and sexual competition depends on the successful switch from sexual and aggressive to superego identifications and on the acceptance of the standards conveyed, in particular, by the sexual rival. It appears that in the resulting development of the superego as future pilot for the ego, the solution of the rivalry conflict with the father finds special expression in the gradual removal and abstraction of the superego codes and fears and of self-critical attitudes from the person of this rival. This process certainly gains tremendous momentum from the drive neutralization.

In patients who were unable to ward off their infantile incestuous and

aggressive desires, the invasion of unattenuated sexual and aggressive impulses into the ego is evidence of insufficient drive neutralization. Such patients regularly show also a personification of ego ideal and superego, respectively, which can hardly be distinguished from their magic, unrealistic object and self representations and therefore tends to be reprojected on outside persons. In such cases the ego-superego relationship remains at a sadomasochistic level.

Freud has repeatedly referred to the supposedly rather defective development of the superego, to its lack of independence and stability, in women. Whereas it is certainly true that many women, as Sachs (1929) has so beautifully described, tend to attach their ego ideal to their partner and to accept his views and ideas as their own, the greater frequency of melancholic depression in women shows that women can certainly build up a strict or even punitive superego. In general, Freud's opinion on this issue appears somewhat biased by his conviction that women, feeling castrated already, lack the greatest incentive for superego formation: the castration fear.

From my clinical experiences with female patients, both adult and children, I gained the definite impression that the little girl develops a nucleus of the true ego ideal even earlier than the little boy and in connection with the early onset of her castration conflict (Greenacre, 1948). Since the idea of female castration is quite unacceptable, the little girl responds to her discovery of the sexual differences first with persistent attempts at denial of her supposed deficiency. During this prolonged period of time she suffers from intense castration fears which, only gradually, yield to the discouraging conviction of having really been castrated and impulses to recover the lost phallus. The more these notions gain in strength, the greater the little girl's depreciation of her mother and of herself. Eventually her preoedipal disappointment and her devaluation of her mother's and her own deficient genital lead to a rejection of her mother as sexual love object—in favor of the phallic father—and furthermore, quite commonly, to a premature relinquishment of genital activities with withdrawal and shift of narcissistic libido from the genital to the whole body. My case material left no doubt that these serious conflicts and, in particular, the dangers arising from the little girl's self-deflation and from the devaluation and threatening loss of her mother are mastered by establishment of a maternal ego ideal, though of a very premature and immature one: the ideal of an unaggressive, clean neat, and physically attractive little girl who is determined to renounce sexual activities.

Frequently we can, indeed, observe that the female ego ideal absorbs

and replaces for ever the *illusory penis fantasy*. Women of this type usually deny any masculine tendencies or penis envy but display instead an uncommon narcissistic pride in their inner values, their moral integrity, the high level of their standards, the relentless strength of their ideals, values which turn out to represent unconsciously their inner penis.

But the further maturation of the ego ideal and the setting up of more advanced superego standards in the little girl is mostly disrupted as her persistent wishes for recovery of her penis, are turned toward her father. Because of its origin in her castration conflicts, the little girl's oedipal attachment to the father appears to activate regressive processes. They retransform to some extent those introjective mechanisms which constituted the precocious ego ideal into more archaic fantasies of oral and genital incorporation centered about the paternal phallus. Such regressive reactions inhibit and delay the establishment of an independent ego as well as the further internalization, depersonification and abstraction of ethical codes in the little girl and lead to a reattachment of her ego ideal to an outside person, to the glamorous figure of her phallic father. If Freud stated that the leading fear in a woman is not fear of castration but of loss of love, he was certainly right, but during this phase of her oedipus conflict, loss of her father's love encompasses the loss of her—i.e. of her father's—penis.

The unfolding of oedipal love and disappointment supported by the biological increase of heterosexual strivings and of sexual rivalry with the mother influences the development of the little girl's identifications again in a feminine direction. On the whole I believe that the eventual constitution of a self-reliant ego, of a mature ego ideal and of independent superego functions in women is all the more successful, the better the little girl learns to accept her femininity and thus can find her way back to maternal ego and superego identifications.

In our previous discussion of early infantile and ego identifications we have by-passed or only casually referred to the connections between the process of identification and the giving up or loss of the love object. We reserved this point for the discussion of superego identifications because they highlight these connections.

I mentioned previously that in *The Ego and the Id* Freud started his discussion of ego and superego identifications with a reference to the melancholic identifications without further clarifying the differences between the first and the latter. When we read Freud's chapter on the ego and the superego carefully we feel a slight discrepancy between his reference to the probability of simultaneous object relations and iden-



tifications with the love object, his stress on the origin of the little boy's relations to his father in identification with him, and his puzzlement about the fact that in the little boy ego and superego identifications are centered about the figure of the father rather than of the mother. Since identifications arise from the renunciation of the love object which for the little boy is mainly the mother, Freud concluded that we should expect him to identify in the first place with his mother. Freud resolves this problem by pointing to the bisexuality of the child, to the necessity of overcoming both his heterosexual and his homosexual strivings and, on the other hand, to the influence of the little boy's constitutionally preponderant masculinity on his identifications. I do not feel that it is necessary to resort to the child's bisexuality for an understanding of his stronger identification with his oedipal rival, though this identification is certainly apt to resolve also his homosexual problem.

I believe, indeed, that our present greater insight into preoedipal male and female development permits a somewhat different emphasis as to the factors that influence these identifications.

Whereas Freud underscores that the boy's relationship to his mother is primarily of the anaclitic type, we must admit that because of the child's instinctual and ego dependency on the mother she remains for both, the male and the female child, the central object of love as well as of identification throughout the preoedipal period. This begins to be altered by arising rivalry conflicts with the father and changes definitely as soon as the sexual differences are discovered. We know that, from that time on, the father's genital is admired and coveted by both boy and girl, and we remember the little girl's complication: her persistent identification with the father, which is only gradually transformed into a love relationship turning her main identifications back to the mother. These complications can only be explained by the fact that her narcissistic hurt, the supposed castration and her tremendous admiration of phallic strength, have for a long time even more weight than her constitutional heterosexuality.

Thus we must conclude that the child's narcissistic strivings exercise from the beginning a decisive or even the greatest influence on the direction and choice of his ego and superego identifications. Furthermore, that, in both sexes, these strivings are first centered about the omnipotent (breast phallus) mother and then only about the powerful (phallus) father, but in the little girl eventually return to the mother again. Moreover, our previous discussions laid special emphasis on the solution of the ambivalence conflicts by ego ideal and superego formation, a conflict which is also the motor of the pathologic superego identifications in

melancholics. Since the little boy's hostility is much greater toward his father than toward his mother, the paternal image tends to become reactively more idealized than that of the mother. In fact, extreme idealization of women, which Freud considers a characteristically masculine attitude, can in my experience be observed more frequently in men who have strong, unconscious female identifications.

These considerations reduce the emphasis laid by Freud on the arising of the superego identifications from the loss of the oedipal love object. To be sure, the connections between the giving up of the mother as a sexual object and the building up of superego identifications are transparent. However, the child does not really lose his oedipal object. I tend to regard the intensity and primary direction of the narcissistic strivings and the more intense aggression against the oedipal rival, which threatens the child with the loss of the object on which he depends, as the essential reasons why the superego bears mainly the impact, in the little boy of paternal influences, and in the little girl for some time also of paternal and eventually of maternal influences.

Even though all types of identifications are enhanced by the fear of losing the love object on which the self depends and aim at preserving or restoring it by partial or total introjection of the object into the self, the influence on the drive cathexes of the self and the object of such primitive, pathological identifications, as we encounter in psychotics, and of normal ego and superego identifications is quite the opposite. In the course of the latter, the object relations to the parents gain in strength and stability by a decrease of sexual and aggressive components, with concomitantly growing ability to maintain a steady level of self-esteem, independent of narcissistic supply from without. The libidinous cathexis of the love object representations becomes reduced but, above all, changes its quality. Apart from parental love, which is of course the best guarantee for a sound development of object relations and self-esteem, the latter find a particular stronghold in the processes of super-ego identifications: on the one hand, in the processes of idealization and ego-ideal formation which stimulate ego development and effectively resist and counteract both *self devaluation* and *devaluation of the parents*; on the other hand, in the turning of more or less neutralized aggression toward the self by development of self-critical superego functions which are utilized by the ego.

Quite contrary to psychotic identifications which, caused by the fury of the ambivalence conflict, arise from the breakdown of ego activity and object relations and take their place, normal idealizations, ego-ideal

formation and superego identifications are founded on a successful, reactive strengthening of the libidinous forces

The superego is a good example for the reanimation and constructive utilization of regressive mechanisms in the service of the ego: it not only develops in the child ethical and moral attitudes and social behavior, but also reinforces the building up of ego interests as well as of aim-inhibited object relations

We may now supplement our previous statements on the cathectic shifts connected with the development of aim-inhibited ego interests. We may add that simultaneously and interrelated with these processes the ego ideal comes into existence by being endowed with libido of its own, libido that had originally been vested in and then withdrawn from self and object images. Regarding the superego as a system, it would not be precise to say that it becomes cathected with libidinous and aggressive forces. The best way to define the cathectic conditions might be to say that with the development of self-critical functions the libidinous, aggressive, and neutral energies, with which the self-representations are cathected, become accumulated in the superego system. Thus the statement that superego identifications owe their existence to the loss of the incestuous love object would not be precise or at least would not cover the complicated cathectic transformations.

Arising with the renunciation of libidinous and aggressive strivings toward the oedipal love objects, the superego identifications accomplish that a great amount of the libido and aggression with which these objects had been so exclusively cathected can be absorbed by the self and self-representations by the self-critical functions and superego demands, by the ego ideal, the actual ego interests and by the ego's defense system.

In summary, the superego formation must be regarded as the development of momentous, comprehensive reaction formations to the child's oedipal and narcissistic strivings, to his sexual desires as well as to his destructive impulses. It represents a compromise in every direction. The oedipal conflict has been resolved, the ambivalence struggle has subsided, but their vestiges reappear and continue in the conflicts between ego and superego. The limitless narcissistic strivings of the child have been curbed and modified, but they survive in the ego ideal and in the ego's ceaseless efforts to measure up to its standards.

Increasing the endopsychic, intersystemic tensions tremendously, the superego develops into a central system for the regulation of the libidinous and aggressive cathexes of the self-representations independent of the outside world. It assumes an eminent part in the entire psychic economy. By gaining control of the course and modes of the discharge processes

it exercises an enormous influence over our emotional and thought processes and our actions. However, the development of our concepts of value does not end with the establishment of a superego, even though our self-evaluation remains predominantly a superego function.

The future maturation of the ego, the increasing distinction between truth and falseness, correctness and incorrectness, reason and unreason, considerably modifies our concepts of value and our actions. Leading to an acceptance of what is realistic and reasonable, it accomplishes at least a partial victory of the reality principle, not only over the pleasure principle, but also over exaggerated idealism, and thus over the superego. Only then do the superego functions work with more neutralized energy. In fact, the final maturation of both the ego and the superego sets in only after the tempest of instinctual conflicts during adolescence has subsided. Then we observe a gradual moderation of youthful idealism and illusions, leading to the setting up of more reasonable goals and to a further development of judgment functions, of the ability to test and to evaluate the outside and inside reality correctly, reasonably, and with greater tolerance, and to act according to such judgment.

Thus, whereas self-perception represents always an ego function, the self-evaluation of an adult person is not exclusively a superego function. Founded on subjective inner experience and on objective perception by the ego of the physical and mental self, it is partly or even predominantly exercised by the superego, but is also partly a critical ego function whose maturation weakens the power of the superego over the ego.

Self-esteem is the ideational, and especially the emotional, expression of self-evaluation and of the corresponding more or less neutralized libidinous and aggressive cathexis of the self-representations.

From the foregoing considerations we come to the conclusion that self-esteem does not necessarily reflect the tension between superego and ego. Broadly defined, self-esteem is expressive of the discrepancy or harmony between the self-representations and the wishful concept of the self, which is by no means always identical with the unconscious and conscious ego ideal. Hence disturbances of self-esteem may originate from many sources and represent a very complex pathology: on the one hand, a pathology of the ego ideal and of the self-critical ego and super ego functions; on the other hand, a pathology of the ego functions and of the self-representations. Increase or decrease of libidinous or aggressive discharge, inhibition or stimulation of ego functions, libidinous impoverishment or enrichment of the self caused by external or internal factors from somatic, psychosomatic or psychological sources may induce or enhance the libidinous or aggressive cathexis of the self-repre-

sentations and lead to fluctuations of self-esteem. The influence of super ego formation on the affective development discloses itself above all in the introduction of a new affective experience—the feeling of guilt, which is the expression of superego fear. Comparatively independent of the outside world and probably the most insufferable of all unpleasurable experiences, guilt feelings are an affect signal which establishes an even more severe and certainly more universal and uniform power over the ego than castration fear. Thus superego fear becomes the motor of manifold new, defensive devices. In general, the contribution of the superego to the organization and structuralization of emotional and ideational processes can hardly be overestimated.

Let me revert to my previous remarks concerning the proportions between libidinous, aggressive, and neutralized drive energy in the self, between the cathexes of the self and the objects with these different drives, and between the corresponding self and object-directed drive discharges. I emphasized the influence of these proportions on the discharge patterns and hence on all ego manifestations in the areas of feeling, thinking and action.

Fundamentally, the superego appears to aim at an improved, more stable balance in these proportions. We had stated above that the narcissistic cathexes are the pilot of all successful ego activities and, in turn, increase in the wake of the latter. In the course of superego formation, however, this mutual dependency situation between self-esteem and object-directed ego expression undergoes significant changes. The super ego is less concerned with external success or failure than with the degree of inner harmony or discordance between ego ideal and ego manifestations. On the one hand, it gains control over the general course of object-directed discharge processes. By curbing and modifying them, subject to inner standards, in a uniform way, irrespective of the specific object around which they are centered, it makes them far more resistant to the dangerous influences of external and internal instinctual stimuli.

This universal control effects, in turn, a central, endopsychic regulation of the cathexis of the self-representations and of self-directed discharge. Consequently, a more stable and enduring libidinous cathexis of the latter is established which cannot be as easily affected by experiences of frustration, failure, and the like, as before. This cathectic stability finds expression in the maintenance of a sufficiently high average level of self-esteem, with a limited margin for its vacillations, apt to withstand to some extent psychic or even physical injuries to the self. Thus the superego accomplishes, in general, a central regulation of the narcissistic and object cathexes and promotes the stability of both.

In summary, the superego introduces a safety device of the highest order, which protects the self from dangerous internal instinctual stimuli, from dangerous external stimuli and hence, from narcissistic harm.

We emphasized that the centralized regulating power of the superego can modify the course of the self and object directed discharge processes in a generalized way. But generalized modifications of all discharged patterns lend our thoughts, actions and, above all, our feelings a characteristic color which finds expression in what we call our mood. Thus the superego becomes also the steering wheel for our moods and keeps them on a comparatively even level. This is why any pathology and deficiency of the superego functions will manifest itself in conspicuous disturbances of the level of mood.

Let me conclude with a remark on the vicissitudes of self and object representations after final solution of the oedipus conflict. Superego formation and the beginning of latency signify the termination of the period of infantile repression, with consolidation and integration of all preoedipal and oedipal countercaustic formations into an organized unit. During this phase the representations of the self and the object world gain definite, lasting configurations. We pointed out above that the period of infantile repression succeeds in excluding a considerable sector of memories from the preconscious and conscious. Consequently the object and self representations emerging with the subsiding of the infantile psychosexual conflicts bear the imprint of this exclusion as well as of the countercaustic ego formations safeguarding the results of infantile repression. The adolescent reactivation of early infantile conflicts finds again expression in the youngster's confusion about himself and the world. The vicissitudes of self and object representations during this stage are rather complicated and would deserve special studies.

With full maturation and the achievement of instinctual mastery the representations of the self and of the object world in general acquire a final, characteristic configuration. When we compare and confront these formations with each other we find that in a normal person they have what may be called complementary qualities which display a prominent aspect of his personality. When we characterize somebody for instance, as an optimist, we mean that he regards himself as a lucky person, that he expects to be always successful and to gain gratifications easily, and that he views the world in a complementary way as bound to be good and pleasurable and to treat him well. In harmony with these concepts he will be a person inclined to be hopeful, gay and in good spirits. By contrast, the 'pessimist' will experience the world as a constant source of harm, disappointment and failure, and himself accord

ingly as a poor devil forever apt to be deprived and hurt, consequently, the level of his mood will be preponderantly low. These examples show that, in a mature individual these complementary qualities of his object and self representations reflect and define his *Weltbild*, his fundamental position in relation to the world. The fact that in the course of life our *Weltbild* may undergo further radical changes indicates that even after maturation and stabilization our concepts of the object world and of our own self may be profoundly influenced and altered by our life experiences and the biological stages through which we pass.

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# EARLY CAPACITY FOR ORGASTIC DISCHARGE AND CHARACTER FORMATION

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## I

One occasionally encounters, in analysis, character types more commonly seen socially or described in literature. Among them are personalities characterized by driving restlessness and seemingly boundless energy. Uneasy when alone, though not always aware of it, they sleep little, constantly seek companionship, and are clamorous and obtrusive in their social relationships and work habits. Impulsive and unrestrained in most areas of their lives, they eat and drink rapidly and excessively, often gamble and engage in risky enterprises, and always undertake more than one thing at a time. They also take unnecessary physical risks, often to the point of serious danger to life. For instance, they usually drive recklessly and insist on braving adverse conditions in their sport activities such as flying or sailing in stormy weather. Obviously patience is not one of their virtues, and their apparent endurance and tirelessness are forced and artificial. This becomes evident when they suffer a break, either mentally, or, at first, physically, and are referred to the analyst by the discerning medical practitioner.

I have had occasion to examine analytically two such individuals. The factors underlying the character structure sketched above seem noteworthy enough to be reported.

The first patient, the youngest of a long line of siblings, was constantly subjected to highly stimulating impressions of sexual activities between his older siblings and their playmates. The cramped living quarters of the family further enhanced the opportunities for the impressionable and intensely curious child to observe the sexual activities of his elders, some of whom were in their early teens, others in their early twenties, when he was a child between three and six. The boy's awkward attempts to participate in the sexual activities of the older children were brusquely rejected by them, and he naturally sought recourse in

genital masturbation. He engaged in it with increasing impatience and urgency, particularly since it left him essentially frustrated and ever more stimulated, the unceasing external stimulation exceeding by far the physiological capacity for discharge. The chronic stimulation, coupled with the helplessness in his attempts to discharge the tension, produced, in effect, a traumatic condition never since relieved. The character traits and behavior patterns sketched above represented an elaboration and endless repetition of his unsuccessful attempts to master the state of unrelieved tension experienced at that early age. The seemingly insatiable search for stimuli and the inability to bear, much less enjoy, a state of rest appeared to be a defense mechanism closely related to the well known counterphobic defense described by Fenichel. The frantic struggle for stimulation is in reality a desperate attempt to find relief and rest through denial of the painful nature of the overstimulated condition.

In the history of the other patient frankly sexual stimulation played a lesser role than in that of the first. On the other hand his early environment was characterized by explosive and violent brutality and constant, unrestrained aggressive behavior on the part of the members of his family and the neighbors among whom he lived. Dangerous fights, often resulting in bloody injuries, were a common occurrence. The patient, being the youngest, could protect himself from the aggressions of his elders only through flight and hiding. While so concealed, and trembling with unrelieved anger and helpless rage, he sought relief in intensive masturbation, but found none. Again the stimulation exceeded his capacity to discharge it through aggressive and genital activities. The frustrating character of these attempts at genital discharge seems to me an essential feature of both cases and also of other related ones. It is this phenomenon that creates the condition of mind and type of functioning which I am inclined to describe as a characterological response to a chronic traumatic state. In the cases mentioned, the main defense is counterphobic.

Anna Freud (1919) stressed the importance of suppressed phallic masturbation in the genesis of acting out in children. She states that the suppression usually occurs under the influence of castration anxiety. What is acted out is the content of the masturbation fantasies. My material complements this view to the extent that essentially similar effects result when the masturbation is given up because of its painfully frustrating character, and, in addition, even when masturbation having acquired a compulsive character, is continued, without interruption into adult life.

To demonstrate this, I should like to refer to other cases which appear clinically as decidedly masochistic characters and who, in their histories, show many similarities with the two patients first mentioned, but who have additional and different features in the pattern of neurosis and defenses

The first report by a young man about his childhood seemed to indicate a fairly sheltered, inconspicuous early history with little indication as to why in later life this patient developed into a severely masochistic, anxious and hypochondriacal individual immersed in florid masochistic fantasies and leading a life marked by many self-caused painful emotional experiences. He regularly found himself in the position of the injured, abused, misunderstood, and unjustly accused, in his relationships with friends and colleagues, and also with his wife. He felt that he was being humiliated, ridiculed and generally treated without due respect and that most people treated him in a manner injurious to his dignity. While protesting this in loud and bitter complaints he unconsciously provoked such treatment and was uneasy when it was not forthcoming. He masturbated incessantly and compulsively, until exhausted, without relief. In the accompanying fantasies he saw himself humiliated and degraded, forced to perform degrading tasks for powerful female figures. He felt constantly extremely tired and complained of many bodily sensations, in his muscles, his skin, his back. Analysis revealed that in childhood he was frequently overstimulated by the very seductive behavior of his mother who played with him as with a toy, but, according to his memory, showed little or no consideration or understanding for the state of excitation and thwarted suspense induced by her play. She used to bounce him on her knee for long periods of time, tickled him beyond his capacity to endure it, and otherwise engaged in exciting play which seemed to amuse her greatly. When he was a little older she made a habit of engaging his help in rubbing her back in the bath but would again, according to him invariably dismiss him abruptly, without regard to his feelings when it pleased her whim. He, too, masturbated frantically to the point of rubbing the skin off the glans. He recalls that during this time it was a negro maid who seemed to interpret his condition and state of mind correctly and attempted to help him to relax by talking quietly to him, holding him firmly, and on occasion putting a soothing ointment on the injured penis.

Again we have, as in the other cases, a state of overstimulation, this time frankly sexual, and an inability to achieve relaxation through genital discharge. There are several significant differences as compared with the other cases. The first two patients were nonparticipants in the exciting events that surrounded them. They were passive spectators, witnesses only, while this patient was himself participating, though in a passive and helpless way, in the activities that overexcited him. More

over, it is certainly of importance that, in his case, the stimulation was administered actively by the mother—the most important object in the little boy's life, toward whom he felt all the complex ambivalent reactions which we are accustomed to find in boys of the late preoedipal and oedipal period. Furthermore, the behavior of the mother toward the child was such as to force the boy to the conclusion that the mother enjoyed being with him only when he suffered a state of extreme agitation, tension, and even pain. As the everyday details of his later life became clearer, it was easy to see—though not so easy to demonstrate to him—that in most of his relationships, particularly to his wife and later in the transference to his analyst, he re-enacted this state both in reality and fantasy with great elaboration. He had in common with the first mentioned patients the trait of living in a state of constant excitation, though he did not attempt to abreact it in activities as much as the others did. Instead, he invested the most trivial details of everyday life with great intensity of feeling, and perceived routine everyday tasks as exciting and painful to the point of excruciating exhaustion. He also succeeded, in his choice of marital partner, in finding a person who responded to his unconscious provocation with a behavior pattern that enabled him to address to her all the reproaches and accusations which he felt in an inarticulate way toward his mother in childhood. He constantly relived the childhood state of excitement and unrelieved tension in all details. In his object relationships and in his fantasies he reconstructed his experience that in order to be accepted and loved he had to suffer painful tension in relationship to the object. Thus, the clinical picture of a severe masochistic disturbance was created. In his case, the counterphobic character was less in evidence (though by no means absent) than the unadulterated repetition compulsion that governed his behavior.<sup>1</sup> It is possible that some cases of masochism, certainly not all, have in their genesis this combination of factors, namely, a fixation to the traumatic state of excitation beyond capacity for genital discharge,<sup>2</sup> and a simultaneous fixation to an object whose behavior was, in reality, frustrating to a cruel degree.<sup>3</sup>

All three, and particularly the last patient, like others of similar structure not reported here, had in common an attitude of awe, fear and fantastic overevaluation of their wives. They were able to function sexually with them in a satisfactory manner only sporadically, and dared

<sup>1</sup> Fenichel (1915) compared the neurotic acting out with the compulsion to repeat the traumatic experience that dominates the victims of traumatic neuroses.

<sup>2</sup> Phyllis Greenacre (1953) considered overstimulation of the young child to be one of the factors disposing toward fetishism.

<sup>3</sup> Cf. Bernhard Berliner (1910).

to approach them with sexual demands only when certain that they would not be refused. They took refusal for granted and were in fact uneasy when none occurred. All claimed that their wives were exciting, fascinating and alluring women. They insisted with equal vigor that the women desired no sexual relations with their respective husbands. The analysis of these attitudes revealed along with familiar oedipal factors the presence of a deep longing for tranquility, a nirvana-like state of being, and a desire for peaceful sleep, seemingly in contradiction to the overexcited pattern of the patients' existence. This yearning for peace and sleep appeared to have been quite conscious, but it had remained entirely concealed behind the individuals' driving restlessness.

Very characteristically, one patient told me that his deeply felt wish, occasionally gratified, was to visit a hotel room with a mistress just to sleep peacefully in her company, something he could rarely accomplish at home in his wife's bedroom. Another described vividly the relaxed, peaceful setting with a casual bed partner in contrast to the tense, uneasy, and essentially discontented situation with his wife. The same patient frequently provoked quarrels in order to justify spending the night in his study instead of in the common bedroom.

These men differ from those described in Freud's classical essay, 'Contribution to the Psychology of Love' (1910), both in quality of performance and in aim when turning to extramarital partners. They usually were no more potent with the depreciated objects than with their wives. The sexual act is something to be quickly concluded, often with the help of considerable quantities of alcohol, the main aim of the rendezvous being its relatively unexciting, peaceful, soothing atmosphere. Undisturbed sleep is a particularly valued feature in the situation. The mechanism of regression to the oral level, owing to traumatic experience on the phallic level, is particularly impressive here.

It should be stated that, not unexpectedly, these features were most conspicuous when actual overstimulation by the mother had taken place in childhood, as in the case quoted, or when other emotionally significant figures of the environment such as an older sister, maid, or, in one instance, a baby-sitter overstimulated the child.

I believe that perhaps the main reason for the first two patients developing into acting-out characters essentially remaining related to the external world and to its stimuli, which they sought to master counterphobically, while the last turned into an individual submerged in masochistic fantasies, detached from reality, was the difference in the nature of their traumatic experience. The first two were onlookers; the last, a passive and helpless participant, subject to the will of the over

whelming adult figure of the mother. As children the first two made attempts of varying degrees to partake in the activities of their environment. The latter had but one desire during the traumatic period of his childhood, to escape to a state of peace, devoid of the stimuli, the intensity of which he could not bear. The one and only dream which he reported to me during the first year of treatment was 'I am with you in an office which we share. We discuss something quietly, as equals. It is very peaceful.' The oral character of the longing for peace and sleep appeared to be more regressive, secondary to the frustrating overstimulation, rather than primary (constitutional, or based on oral fixation), though it was difficult to assess the exact proportion of the two components.

In all cases described the defense mechanisms became highly erotized and thus progressively lost their protective function for the ego and in themselves became dangerous and alien to it. The erotization of the defenses was inevitably accompanied by a simultaneous regression from the phallic to pregenital phases of libidinal development. The resulting confusion of libidinous aims accounted for many clinically perverse (masochistic, etc.) features of the patients' manifest sexual life, and the inadequacy of adult genital performance.

I have not mentioned a further characteristic trait which my male patients had in common. With varying degrees of awareness, they were subject to frequent intense reactions of shame. The reactions varied from a tendency to blush and self-consciousness to acutely painful awareness of the face reddening and perspiring with a feeling of being most painfully ashamed. In one case typical erythrophobic symptoms were present. One of the patients was plagued by an inability to suppress what he described as an 'ashamed smirk' and blushing whenever he approached his wife or even in anticipation of meeting her. Another, when meeting a woman, experienced acute shame to the exclusion of any other feeling. The third recognized after long analytic work that he was constantly deeply troubled by an unceasing feeling of shame. He had repressed all consciousness of this feeling and had concealed it beneath an arrogant, fleeting smile and an ingratiating attitude. To avoid and to deny the feeling of shame the patients used various means, ranging from blustering behavior to attitudes of rigidity and to efforts to escape the dreaded passive experience by inflicting humiliation and shame actively on others.

Time and again, Freud stressed the profound significance of infantile masturbation, in all its details, for the development of the personality.

in health and disease.<sup>4</sup> In a posthumously published note (1938, p. 152) he observed that the deepest reason for all intellectual work inhibitions seems to be the unsatisfactory character of infantile masturbation. He noted that the reaction of orgasm, absent as such, may express itself in equivalents such as outbursts of crying, compulsive laughing, trance-like states and perhaps other manifestations, with infantile sexuality providing the prototype for patterns in later life.

The description of intensive masturbation without relief in childhood indeed impresses one with its profound, and at times nearly catastrophic, effects. In the cases that I could study, such experiences ended in reactions varying from stormy discharges on levels other than genital to fainting. Explosive involuntary bowel movements, vomiting, convulsive crying, and motor phenomena described as terrifying shaking or twitching of various muscle groups occurred, and also, of course, intensive skin sensations of burning, tickling etc., and ringing in the ears.

At the same time important and far-reaching affective reactions take place destined to influence the character development significantly. There is a feeling of utter helplessness and inadequacy difficult to describe. There is also an inescapable engulfing sense of shame which from then on permeates the life of the individual and contributes to the formation of the person's character. This was true of my patients whose early biography contained the experience of early traumatic overstimulation. A large proportion of their energy was spent by these individuals on the concealment, denial, or avoidance, of feelings of shame.

Thus, throughout life, the patients reproduced the patterns which had been forced on them by the combination of external circumstances (overstimulation) and the pressure of instinctual needs physiologically incapable of relief in childhood, with this specific combination being of prime importance in shaping the future development.

## II

It remains for me to report some further observations in support of the thesis that physiological incapacity for genital discharge (orgasm), in the presence of extreme excitation in childhood, is an essential factor in producing the disorders described in my cases, by showing that capacity for orgasm in childhood, when present, indeed has beneficial rather than detrimental effects on the character formation.

<sup>4</sup> See his virtually identical remarks on the subject in the "Three Essays on the Theory of Sexuality" (1905, p. 89) and in the *New Introductory Lectures on Psychoanalysis* (1932, pp. 172-173).

These observations concern female rather than male patients—a factor which I believe to be of fundamental significance

The first case had many similarities with the first mentioned of the male cases. The little girl the eighth of eleven children was like the boy exposed to much sexual activity of the older siblings and their playmates which they did not trouble to conceal from her. It is probable that she was introduced to masturbation by a slightly older sister though this is not definite and may be a later attempt to displace the blame and burden of guilt. She was four to five years old when the first orgasmic experience in the course of intensive masturbation involving both clitoris and vagina occurred. The patient remembered and could describe sensations like those experienced by her as a grown woman in the moment of orgasmic release. The important point is that, in childhood too this experience brought relief and relaxation though it was at first threatening and bewildering to the child. Later it was actively sought because of its relieving character. Nothing remotely like that occurred in the boys of my observation nor have I found reports describing such experiences in male children in the literature. The later disturbance which eventually brought this patient to treatment could not be related to these events. The illness occurred on the basis of early envy of and destructive impulses toward the younger siblings. These impulses became unbearable when following an adolescent episode of sexual indulgence she acquired a venereal disease and also became pregnant the pregnancy ending in an abortion. These events devalued sexual pleasure and made unacceptable the use of genital activity for purposes of discharging tensions also those of an aggressive nature a device formerly freely and successfully used by the patient. Until the outbreak of the illness she had made a good adjustment in life.

I have available another instance of a characterologically favorable outcome of infantile masturbation accompanied by experiences which the patient described as fully identical with adult orgasm. In this case, though the element of external overstimulation was lacking. In the course of the lifting of her infantile amnesia with the analysis well advanced, a thirty-six year old patient reported the following events of her childhood.

The oldest of five she had been a very happy child during the first years of her life. The free-flowing tenderness of her parents surrounded her and she felt like a little queen. The demands of early training were handled tolerantly and with patience by her parents and a feeling of harmony with herself and them prevailed until the following experience occurred. Shortly before her third birthday she was once masturbating, by rubbing her genitalia with her fingers while sitting on the floor in front of a mirror and looking at herself. The patient insists that at that time she inserted her finger into



the vagina. At the sight of her own image in the mirror she experienced orgasm with strong contractions of the vagina. She was "scared to death," and consequently made a supreme effort to stop the experience. She pulled her hand from her genitalia, moved away from the mirror, and by pressing her legs together endeavored to halt the frightening sensations in her vagina. Her efforts were in vain and her distress mounted as the orgasmic feeling continued endlessly, or so it seemed to the child. She was very relieved when it finally ceased. Following this experience she suppressed all temptation to masturbate, but incidents of bed-wetting began to occur instead. The attitude of the parents toward this was at first tolerant, but became impatient when the symptom persisted, and particularly when it increased in frequency following the birth of a brother in the course of the next year. Once the hitherto most devoted and tender father slapped her in an effort to induce suppression of the enuresis. Immediately afterwards the bed-wetting indeed stopped, but masturbation was resumed and now with a feeling of justification and protest. It was now practiced resolutely, though secretly, and its character changed significantly. The experience of orgasm with relief and satisfaction was sought and enjoyed, but a nearly conscious effort was now present to forestall sudden orgasmic experiences, or rather the surprise element in them. She prolonged the pleasure of the masturbatory activity which she tried to keep on a relatively controlled level of excitement. It is very probable that a quality of relief was present also on the first, frightening occasion. It is unlikely that she would have resumed masturbation so resolutely without that hidden experience of gratification, overshadowed though it was by the conscious fright. This experience established a pattern of ego reactions in regard to instinctual demands. They were from now on treated as one treats external reality, and the patient indeed for a long time succeeded in regulating instinctual demands as one would change conditions of the external environment. This proved a mechanism of high value for the patient's adaptation to reality and provided an important factor in the formation of her character which was perceived by her environment and by herself to be that of a person characterized by inner harmony and evenness in her relationships to others. The instinctual demands were recognized and acknowledged and dealt with in the same rational, sane manner in which external problems of everyday life were met. Indulgence and renunciation were equally subjected to scrutiny of reason, and decisions were made with full awareness of their consequences.

In the case of this patient, as in that of the preceding one, the eventual illness requiring analytic attention developed when the mechanisms described could no longer cope with the problems and conflicts met with by the patient in later life. This occurred when her attempts to regulate her instinctual demands in her marriage, to a man who proved partially impotent and sterile, met with an obstacle impossible for her to overcome. He could not satisfy her intense wish to have a child.

I must at this point mention the case of a female patient who also gave a history of masturbation with orgasm like experiences in childhood but who in contrast to the other two failed conspicuously in her mental health. From the complex and dramatic variety of her symptoms I shall mention only those most germane to our discussion. Her sense of reality i.e., the function of reality testing was badly impaired. States of confusion, a sense of being helplessly perplexed, feelings of losing her mind and striking misinterpretations of everyday reality situations were common. Thus her ego was far more insecure and vulnerable than that of the patients first described, both of whom had developed a relatively well functioning ego adequately adapted to reality. Significantly, this child had been the victim of a sexual seduction by an adult at the age of four. It was after the immediate shocking effect of this experience had somewhat subsided that the masturbation appeared. Orgastic sensations were present, though not always. The seduction though apparently discovered, was later denied by the family, but their guilty attitude and the man's irritable and hostile behavior to her were interpreted by the child as a confirmation of the traumatic experience. In consequence an inner discord and a constant doubt of the evidence of her senses arose in her. She maintained this doubt compulsively in the interest of preserving the tenuous relationship to her mother and other members of her family during the mother's frequent absences. I believe that this experience and its consequences formed the basis for the fateful impairment of this girl's sense of reality and for many of her other symptoms.

It must be noted, in qualification of a statement made previously, that the circumstances favoring personality development in the two female cases described earlier contained, along with the capacity for genital discharge (orgasm), the condition that such a discharge occurred in consequence of the child's own needs and her inner readiness for the experience. Masturbation in these instances began as a spontaneous activity. When artificially imposed and without regard to the child's needs, pathological development resulted in spite of the presence of the dormant capacity for complete discharge. In this case the occurrence of masturbation was precipitated by the seduction.

The occurrence of orgasms or orgasm like experiences of a relieving nature in female children has been confirmed to me by other observers as has the absence of such experiences in boys. Reactions and sensations approaching the orgasm in intensity are known to occur in boys but they regularly lack the quality of relief and relaxation that occurs in girls. Should further study prove this contention correct, one might think it possible that the fundamental differences in the capacities for the experience of orgasm in childhood accounts for certain clinically observable facts. Thus character types like those described in the first

two male patients occur much more frequently in men than in women. Perhaps, also, this difference contributes along with other causes to the intensity of castration fear in boys. It may be associated with the physiological impossibility of complete release, a lack that makes itself felt with particular painfulness and fateful consequences during the oedipal period when masturbation is at its height and the child most in need of opportunities for discharge of tension and excitement.

In summary, it must be emphasized that only the case material germane to my thesis has been referred to. The reported material indicates a cause-and-effect connection between certain early specific traumatic experiences, i.e., sexual overstimulation and inability to reach relief through adequate genital discharge, and certain character traits. Among these stand out a question for constant excitement (*Reizhung*), an all-prevailing sense of shame, an attitude of awe of women, and certain masochistic reactions. These traits may occur singly or in varying combination. Under certain conditions capacity for orgasmic discharge in childhood predisposes to favorable character development. The material available, at this time, indicates that the particular traumatic condition described occurs in men, and the favorable reaction in women.

### III

By way of a postscript I wish to add a brief note on a case which illustrates the assumption alluded to earlier, namely that the physiological impossibility of complete release, coupled with sexual overstimulation in the phallic and oedipal periods particularly accentuates castration anxiety. The case also demonstrates an indirect genetic connection between a specific character trait and the same frustrating experiences.

A young man sought analysis because of a severe working inhibition and because of sexual difficulties. There soon appeared a striking incongruity between his estimate of himself and of the world and actuality. He regarded with contempt and scorn the activities and endeavors of those around him. Their business ventures, their professional, political or social activities in short everything they undertook appeared to him empty, insignificant and hypocritical. He would not demean himself to join them in their mode of life nor did he hesitate to criticize them aggressively and sarcastically when in their company. At the same time he was convinced of his own superiority over them and of his great potential capabilities and gifts. He maintained in all seriousness that he could surpass any of the men in their respective pursuits but he would not stoop to engage in unworthy activities devoid of permanent value. He did admit that he had few or no achievements in proof

of his contentions, but this discrepancy troubled him not at all. When I expressed some doubt or skepticism in regard to his fantastic claims he smiled with an air of infinite superiority and usually remarked with a mild indulgence in his voice that I just did not know enough to argue these matters with him. Supported by specific evidence I thought this attitude was the result of an early injury to his narcissism during the oedipal period of his development coinciding with the birth of a younger sister. In addition more superficial factors seemed certain to have contributed to his grandiose fantasies. By these means he concealed the enormous envy of his successful older brother and protected and justified his dependency on his much revered father. Not until a late stage in the treatment long after he had gained external independence from his father and had succeeded in earning his own living did the following factors emerge. He began to recall a period in his life between his fourth and sixth year which was filled with most intense anxiety. During that time he had a frequently recurring nightmare from which he awoke terrorstricken and bathed in perspiration. In the dream he saw himself in his bed in the dark room staring at the open door. A figure emerged from the shadows entered through the door and slowly moved toward him. He always thought the figure to be a man. The fears of that time were the worst he had ever experienced. He was paralyzed by them and had but one desire to prevent them from recurring. Somewhat later he recalls he developed a tendency to tell fantastic stories at the family table. He told of having met all kinds of wild animals on the street. They attacked him but he killed them all single-handed. These fantasies occupied his waking states. The nights were filled with the terror dreams.

In keeping with material from his history dream analysis and transference reactions, we thought at first that the fantasies and the nightmares expressed his wish, and fear of the consequences of that wish to be loved by his father to whom he had turned after the disappointment by his mother at age of four and a half. Then he reported one day that on the way to the analytic session he was struck by a shocklike realization that the figure in the nightmare coming toward him out of the shadow was not that of a man but of a woman. This realization was very disturbing and it took a long while before the underlying childhood events could be reconstructed. It was one of the servant girls employed by his family during his early childhood who probably summoned by his crying entered his room but then instead of putting him to rest stimulated him genitally for her own purposes to a point of unbearable excitation. She stopped only when she herself reached what he much later in retrospect learned to interpret as an orgasm. It was of particular significance that the experience of overstimulation coincided with the period of his childhood when castration fears were acutely present—the oedipal period. The analysis suggested strongly that these experiences of overexcitation and frustration accompanied as they were by various unpleasant sensations in the penis accentuated the castration anxiety to the dramatic intensity felt by the patient. This is perhaps a finding of more than accidental significance. He retained

from these experiences a fantastic fear of women and dread of their potential power to excite him beyond his control. This lustory explained many of the attitudes and fantasies that characterized his adolescent and adult sexual activities. He told me at one time that often when orgasm occurred in masturbation he had the thought "Now it is over now you are allowed to go to sleep." Needless to say masturbation was practiced excessively by him and he was intolerant of even mild sexual tension. He habitually spent long stretches of time on the toilet dribbling urine endlessly with a conscious feeling of great satisfaction. This behavior was derived from painful sensations of great urinary urgency and simultaneous inability to urinate which troubled the boy during the maid's sexual play with him. Thus he repeated in a regressive manner the painful unfinished experience this time with an outcome of his own choice. In his sexual experiences with women he suffered from premature ejaculation often without genital contact. His reaction on such occasions was not the expected one of humiliation and regret or shame but one of contentment and relief. "It is over now I can go home" was his thought and he would indeed quickly break off the date and return to his bed and sleep. It became clear that the early ejaculation meant to induce magically a similar reaction in the prospective partner in whom he still saw the overexciting female figure of his childhood. The ejaculation was unimportant to him because it did not represent his own but the other person's orgasm and would thus insure his being allowed to relax and sleep.

When these details of his lustory had been worked through he suddenly and spontaneously understood the meaning of his arrogant attitude of superiority. He said "The only important real problem is the one I was wrestling with when I had had the nightmares." He further elaborated and explained that the problems of mastering in fact surviving the terrors of that time appeared so immense and of such prime importance to him that nothing undertaken by others could command his respect or interest. How can they think about anything else when I have such terrors to contend with? was his feeling. Their problems were minute and insignificant in comparison with his task. And the mere fact that he succeeded in suppressing his fears made him superior to everybody else. So great was the narcissistic gain to the ego from having magically mastered its anxieties that from now on it refused to accept the verdicts of reality. It sacrificed part of the function of reality testing in favor of maintaining the illusion of omnipotence of early childhood. He had indeed around the onset of puberty succeeded in suppressing all conscious anxiety by means of a counterphobic attitude of belligerence and apparent fearlessness. In fact, during his career in the army this attitude served him well and facilitated his rapid promotion. On the other hand after leaving the army and suddenly deprived of the proper stage for acting out his problems

<sup>5</sup> Other factors i.e. the denial or rather the rendering ineffective of the destructive (anal sadistic) impulses transferred to the penis were also present but are not germane to the subject of this short communication.

he, like so many others, broke down in a state of depression and generalized inhibition for which he sought treatment.

The genesis of an attitude of superiority here described is not unusual. It is reported because of the convincing manner in which its derivation could be demonstrated in analysis. In addition, the reported material demonstrates that it was the absence of adequate relief from sexual overstimulation in the phallic and oedipal periods that sharply enhanced the castration anxiety. Mastery, in fantasy, of the anxiety so engendered led to narcissistic aggrandizement of the ego, but also to serious impairment of its reality-testing function.

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# MOTILITY IN INFANTS, CHILDREN, AND ADULTS

## Patterning and Psychodynamics<sup>1</sup>

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### STATEMENT OF THE PROBLEM

Motility of skeletal musculature will be discussed in this paper in regard to (a) motivation, (b) pattern formation, (c) genetics, and their interrelations. The material to be presented is based on some long term observations, supplemented by moving pictures and drawings, of five normal infants followed up to two and a half years, five children and ten adults in psychoanalytic or prolonged therapy, and short term studies of a large number of normal or sick infants, children and adults. This paper is a general survey of the findings and conceptual formulations. Partial topics including data amenable to quantitative treatment, will be dealt with in detail in later papers.

Motility has not been systematically investigated in psychoanalysis. In the partial formulations to be found in psychoanalytic literature, it has been dealt with as (a) a component of the sexual instinct (at times referred to as muscle erotism) (Abraham 1913, Freud, 1905b, Landauer, 1926, Sadger, 1912), (b) an executive function, largely under conscious control ( 'the ego controls the access to motility' ) (Freud, 1900, 1915b, 1923), (c) a means or possibly a source, of aggression (sadism) (Freud, 1915a, Hartmann, Kris, Loewenstein, 1949), (d) an avenue of tension discharge i.e., expressive or affective motility (Mahler, Luke, Daltroff, 1945) and (e) in play a way of overcoming anxiety by changing a passive experience into an active one (Freud, 1920).

For general orientation it may be remarked that motility is an urge in its own right has its own patterning of skill and of expression, at the same time it is intimately connected with nearly all other functions of

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the individual This multiplicity of relation is more characteristic of the motor than of any other function

### MOTILITY AS AN URGE (DRIVE)<sup>3</sup>—RELATION TO OTHER PHYSIOLOGICAL FUNCTIONS

Motility can be considered an urge in the same sense as the oral (Levy, 1934, 1938) excretory and genital urges By this is meant there are identifiable body organs that carry out and/or are sources of the activity which has a quality of urgency and which leads to pleasure and satisfaction (Freud, 1905b) The intensity and patterning of motor activities is intimately connected with the maturation of the organism as well as with cultural customs We will discuss here motility in relatively permissive environments in "Western culture" <sup>4</sup>

Motor phenomena observed in infants and children, particularly

<sup>3</sup>As the main text will show the term *urge* is used here in essentially the same sense as *drive* or *instinct* as used by Freud in *Three Contributions to the Theory of Sex* (1905b) hence the term *drive* is placed in parentheses. The terms *instinct* and *drive* have acquired more complex implications with the introduction of the transient concept of *ego instinct* and later the emergence of the concepts of *life* and *"death instincts"* and structure of the personality A discussion of these implications are beyond the scope of this paper

<sup>4</sup>There are variations of motor permissiveness and freedom even in Western culture In some Western cultural areas swaddling of infants is prevalent In some non Western cultural groups the cradle board is in use Crawling is discouraged or prevented in Bali because close contact with the ground is considered of reptile character (Bateson and Mead 1912) There are variations in the manner the infant or young child is carried around with varying restriction of motility closeness of contact (e.g. strapped to the mother's back) or concomitant pressure on and probable stimulation of the excretory or genital organs Thus in some areas in India the older child carries the younger one straddling on her hips while the younger child keeps his hold by pressing his feet against the inguinal and anal region of the older one (personal communication from Drs Lois and Gardner Murphy) In Thailand free lively motility is discouraged As soon as the infant runs the mother picks him up and puts him back on her hip Free motility is disapproved of as naughty This may be in harmony with the prevalent Buddhist orientation of the country which frowns on free expressions of emotions (personal communication from Dr Frances Cottingham) In some cultural groups expressive motility is much freer and livelier in adulthood than in others Even the gestures show characteristic and consistent cultural differences (Efron 1941) All of this affects the psychodynamics and patterning of motility One may say that cultural customs tend to organize motility in certain directions throughout life This applies to skilled and expressive movements posture (Bateson Mead 1919) and the motor aspects of mother child relationships An infant who is accustomed to being held in a fashion prevalent for a given cultural group is apt to become uncomfortable if held in a manner prevalent in another group For example an infant customarily held upright on the arm with his head supported by the adult's hand—as in Haiti—may cry when supported on the adult's horizontally extended and separated forearms—as in France—or straddling the adult's hip—as in many Oriental countries (personal communication from Dr Rhoda Metraux)



during the first two years, can be grouped under five headings (1) so-called random movements of infants, (2) affectomotor patterns, that is, motor patterns that accompany emotional reactions, such as joy, fear, and so forth, (3) well organized, vigorous rhythmic patterns, often referred to as "autoerotic"—for example, rocking or bouncing, (4) skilled motor activity, including posture, locomotion and, particularly, manipulation, and (5) motor phenomena that are indispensable elements of the function of another organ or another striving—for example, motor patterns that subserve oral activities such as sucking or eating. Here the concept of a motor urge connected with skilled movements will be discussed. The other aspects mentioned under the five headings will be discussed elsewhere. It may be mentioned in passing that the nature of the so-called random movements is debatable, and they may be taken in themselves as a proof, although not a convincing one, of a motor urge. The intra uterine movements of fetuses could be considered in the same way. The case for the concept of the motor urge, however, becomes very clear beginning with the age of about ten months. During the age period from about ten months to about four or five years, we find two types of motor manifestations that can be considered as evidence for the motor urge, with individual variations in intensity (Malcove, 1915, Fries and Woolf, 1953). The child engages, consistently and with clear signs of drivenness, in movements which serve no other visible purpose aside from the experience of movement: crawling, running, bouncing, jumping, and whirling. Many of these activities are rhythmic or circular (Bender, 1952). The second, less direct evidence is the fact that children of that age engage in motor activities which, even if goal directed, e.g., manipulating objects, are continuous and carried out with signs of drivenness. Impulse is immediately carried into action. If these activities are blocked, the child becomes restless and angry. In play activity, which is a resultant of the motor urge together with fantasies and striving for mastery, circular movements of the upper extremities represent a widespread pattern as revealed by loops or arcs in children's earliest drawings (Bender, 1952). In the older age groups, the direct evidence for the motor urge is presented by sport activities. While other motives also play a role in sports, the motor activity is paramount. The experience curve is more sustained and diffuse in motility of the child than, e.g., in the genital activities of the adult, nevertheless there is a clear sequence of restlessness→activity→satisfaction and relaxation.

The readiness of the child to carry impulses into action shows a crucial change at about the age of ten. Up to that year, if toys are available, children automatically engage in play activities in psycho-

therapeutic sessions. After that they prefer verbal communication with the therapist, although often engaging in collateral random activities such as handling of objects or getting up, taking a few steps, etc. In late adolescence, somewhere between the ages of sixteen and twenty, such activities ordinarily subside and manifest themselves only in gestures or in shifting of position. Although, with increasing strength, motor effectiveness increases, the motor urge itself gradually declines after the age of five or six and/or shows a greater tendency to goal directed or more periodic manifestations in the form of games or excursions. Adults show tremendous variation in need for an amount of activity, the extremes being represented by athletes engaging in the pursuit of sports or laborers working for eight hours a day and analysts with one of the most sedentary occupations.

In active motility sensory particularly kinaesthetic elements (especially the deep muscle sense) also play a significant role. This is even more so in such experiences as relaxation and of being subjected to the effects of animate or inanimate forces. We may call this by the inadequate term 'passive motility'. In these besides deep muscle sensation, tactual, visual, circulatory, and, in the livelier ones labyrinth stimuli and anxiety play a role. The amusement parks show that a large section of the adult population still has this urge.

Anticipating some points to be developed later it should be emphasized that (a) the second and third years of life are the period of the most rapid development of motor skill and motility is one of the most important avenues for exercising such functions as mastery, integration, reality testing and control of impulses—usually referred to in analysis as ego functions. (b) The motor urge during this same period dominates all other urges. Using concepts of psychoanalytic theory, one may consider this period the motor level of ego and libido development (organization).<sup>5</sup> (c) The skilled (ego) and the pleasure seeking (id) aspects of

<sup>5</sup> An attempt will be made in a subsequent publication to delimit and characterize phases in relative dominance of various functions that are subsumed under the concept of ego i.e. to establish phases of ego development (organization) and a survey of the literature in this area will be made. On the basis of maturational sequence the classification of phases could be (1) autonomic oral (2) sensory (particularly visual) (3) motor (4) speech (5) thinking phase. During the motor phase of development the ego functions as well as the pleasure strivings seem organized about the motor function.

The term motor phase of ego and libido development is based on the prevailing analytic theory which subsumes pleasure and urgency under "libido". If these phenomena were considered primary attributes of skilled functions (ego) also (Hartmann 1948)—a revision of analytic theory—we could speak of motor phase of ego development or simply of the predominantly motor phase of development. A convenient concept here would be that of "functional pleasure" (A. Bühler 1927) which implies that

motility reinforce each other. It will be shown subsequently that many of the child's psychological characteristics during this period and some significant aspects of early and late pathology are intimately connected with the motor function. The most vivid description of the behavior of children under the sway of their motor urge is given in the following quotation (A. Freud and Burlingham, 1944). Speaking of the motor function of children of one to two years of age, they say:

The great event in the child's life is his new ability to move freely and to control his movements: an ability which progresses quickly from crawling to walking, running, climbing, jumping, and is continued with the handling and moving of objects as pushing, pulling, dragging, carrying, etc. Toddlers in their own homes remain in their cribs or strapped to a pram or at best confined to the narrow space of a playpen at a period when in a nursery like ours they cover miles in continual movement about their room. Some children at this period for a while disregard all toys and show little interest in their companions: they behave as if they were drunk with the idea of space and even of speed: they crawl, walk, march and run and revert from one method of locomotion to the other with the greatest of pleasure. These children mostly use toys where they can include them in the continual game of moving. Chairs and pots are not used to sit on but are propelled about the room. Soft toys and animals on wheels are taken for walks. Balls are followed and some children after they have once gained an easy balance show special pleasure in moving a toy along in each hand while they move themselves. Sometimes for an hour on end the whole population of the Junior Toddler room is on the move, circling around, crossing and recrossing like people on a skating rink [pp. 14-15].

The liveliness of the behavior of these children seems to be related to the freedom of the nursery and to mutual imitative reinforcement—not to the partial limitation of object attachment. Children of that age reared in permissive homes show essentially the same behavior. Individual differences in the comparative amount of lively motor behavior and watch

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any function of the organism can be pleasurable. These conceptual problems are beyond the scope of this paper.

With each new step in the development of skill or function the infant discovers new sources of pleasure and new objects of interest. When as a result of maturation he begins to follow moving objects with his eyes, he discovers his hands and gazes at them intermittently for hours on end. With the growth of his upper extremities he explores the lower parts of his body and discovers his toes and then holds them or takes them into his mouth with the same preoccupation as he sucks his thumb. He gets similarly preoccupied with objects in the outside world discovered by visual and tactile means. Here belongs also the discovery of and play with the genitals. According to the prevalent psychoanalytic terminology we could say that with each new step in the development of the ego there are new steps in libidinal development.

ful contemplativeness depends on variations in the congenital or acquired intensity of motor, perceptual, etc., functions of the infant (Wolf, 1954)

Skeletal motility forms an integral part of every other physiological urge, namely of the oral, the excretory, and the genital urges. This integral relationship has several aspects. (1) The activity of various smaller muscle groups is an indispensable part of these urges, and sensations arising from them are an indispensable part of normal gratification, e.g., in genital orgasm. (2) The activities aimed at the gratification of these various urges go as a rule with characteristic although not exclusive postures. A two-and-a-half year old girl was still being given the bottle by her mother three times a day. She would lie down while nursing, thus showing the connection established between nursing activity and horizontal posture. (3) There are widespread activity patterns that accompany the pursuit of libidinal goals or are present during the period of tension. Patterns of this kind may be shut out of the individual's awareness, e.g., the pelvic and other muscular movements of seductive women (Reich, 1933). (4) Prevalent motor activity patterns may reinforce or impart new goals to various libidinal activities. The genital activity is influenced by the general motor pattern of pushing one thing into another (Bender, 1952, Homburger Erikson, 1937).

Excitement in the various drive systems may show the following relations. (1) It simply spreads from one system to another, e.g., the child may get joyous, then run around, then go to the bathroom or show genital excitement. (2) The excitement, because of repression, becomes unconscious in one system, but activity manifests itself in another system. Thus in some play sessions, a boy would touch his penis once or twice with fleeting expression of shame, expressing genital excitement, and then would engage in some lively motor game. In some sessions the genital manifestation would reappear from time to time, in others it would not. (3) The motor goal is frustrated and, via anger and consolation, another libidinal goal appears in its place. Thus a thirteen month old boy, when prevented for a long enough time from reaching his favorite toy, a ball, would finally give up, cry, and clutch his penis.

We may say that intermittently skeletal motility is under the dominance of changing libidinal urges. This is correct throughout life. The oral urge, of course, dominates with particular frequency during the first year of life. This dominance can be most clearly discussed in connection with mouth-hand co-ordination—that is hand or finger sucking and the carrying of objects to the mouth. (a) Some infants suck their fingers from the beginning of postnatal life and carry objects to the mouth as

soon as they are able to grasp and manipulate them. Other infants do not do much finger sucking during the first six months and when they learn to handle objects they mostly shake them and may or may not carry them to their mouths, but then, with the beginning of teething, the same objects that have been simply shaken before are now carried to the mouth first. (b) Even in infants who engage in hand mouth activities from the very beginning there is considerable involvement of newly developing skill and learning in mouth hand co-ordination during later months (Hoffer, 1949). In the beginning the hand simply gropes toward the mouth it depends almost on chance whether it finds the mouth. The movements become well controlled around the tenth or twelfth week, usually well integrated with vision.

The following incident illustrates the extent of motor learning in the anal function

A five year-old boy who attended to all aspects of moving his bowels at home was taken on a mountain hike by his father. A crisis arose when he had the urge to move his bowels while on the slope. He had never moved his bowels squatting. Finally at the father's suggestion he leaned on a tree with one hand and on the father with the other hand while squatting and moved his bowels. A new crisis arose when it came to wiping himself. Finally while the boy leaned the same way with both hands the father did the wiping.

There is obviously a great deal of motor learning in the development of the genital function, particularly intercourse.\*

### MOTILITY AND EMOTIONS (JOY, RAGE, ANXIETY, DEPRESSION)

Emotional reactions may be expressed in motility through (a) characteristic patterns and (b) alteration in the tempo and amount of activity. The existence of characteristic affectomotor patterns at birth has been controversial (Pratt, Nelson, Sun, 1930, Sherman 1927, Sherman and Sherman 1929, Watson 1924) but their existence in subsequent months of infancy have been clearly established in this study through longitudinal investigation. The nature of the affect can be judged little from the stimulus situation. In the main it is estimated from the facial expression and the nature of vocalization if any e.g., crying. These in themselves represent specific motor reactions with of course vegetative components. The more clearly characteristic patterns during the first few weeks of life are the Moro startle reaction and the motor behavior

\*The relationship between motor and other urges will be dealt with again in the clinical section.

during crying to be described later. The motor reaction to most other stimuli, e.g., rubbing of large surface of the skin, is lively movement of all four extremities.

Diminution of general motor activity occurs in early infancy during attention to nonstartling sensory stimuli (Gesell and Amatruda, 1941) (sound and sight) then before about the tenth week during smiling, and throughout infancy during sucking on the hand, the fingers or the bottle. The sucking in some infants is accompanied by a limited rhythmic activity of the hands, e.g., twirling the hair.

The characteristic pattern shown by most normal infants in the supine position during joyous excitement, e.g., during prolonged smiling, starting with approximately the tenth week of life, is a rhythmic movement of the extremities, often symmetrical (Washburn, 1929). It follows an initial brief period of cessation of random movements after the stimulus is presented. The motor reaction in the supine position to sight of a dangling ring, in other words, to an object of interest is very similar during this period. There are individual variations in this reaction pattern, just as there are in sensory responses, oral behavior and muscle tone. Figure I illustrates five positions of the extremities during a sustained smiling reaction of a thirteen week-old infant. The drawings are tracings of individual motion picture frames. The pattern changes in the course of development, one of its important derivatives, starting at

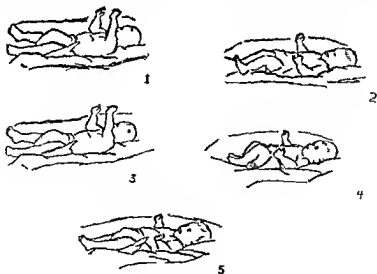


FIGURE I

about one year, is flapping with the hands and lower arms, mostly bilaterally, sometimes unilaterally. This reaction will be referred to again in connection with clinical problems. Joyous excitement may increase the tempo and amount of activity, be that manipulation of objects or moving to a desired place.

Rage and anxiety reactions are often fused at any age but are particularly so during the first year of life. With intense crying, when the infant is in the supine position (Ames, 1941), the basic pattern most commonly consists of both knees being pulled up in semiabduction with recurrent sustained extension of the lower extremities. The upper extremities are in abduction and flexed at the elbow. This basic pattern is intermittently broken by more or less rhythmic, asymmetrical movements of the extremities. In some infants, at least in the first few weeks of life, crying is accompanied by alternate windmill movements of the upper extremities and alternate flexion and extension of the lower extremities. From the early days of life crying may be accompanied by either tenseness or limpness of the total body musculature—the difference being at times a consistent characteristic of the individual infant. Beginning with the last quarter of the first year, rage reactions are accompanied by loosely organized slashing of the extremities. During rage reactions of less severity there is an increase in the tempo and amount of activity with an increase in the amplitude and angularity of the movements.

Anxiety reactions<sup>7</sup> and their motor patterns become clear cut during the second half of the first year. Two patterns are particularly important. When the crawling or toddling infant gets anxious, e.g., at the approach of a stranger, he scurries back to the mother or surrogate and clutches her. Thus the anxious child organizes space so that the loved adult is the center of it. In this reaction, motility, i.e., flight and search for safety, becomes livelier. The other significant pattern consists of diminution of movement. Thus the anxious infant when in the safety zone of the mother, may simply stare at the stranger without moving. Exceptionally, the movements of anxious infants of that age freeze half way between their mothers and the investigator if they are brought into a strange environment, e.g., the testing room. Or the upper extremities may become immobile in mid air, half way toward the object the infant is to handle. Such freezing of motility is a usual occurrence during testing of institutionalized children without parental attachment. The presence of a nurse in uniform—any nurse—may have the same reassuring effect.

<sup>7</sup>The discussion of anxiety and depression includes personal communications from and observations made jointly with Dr. Josef Di Leo, Director of the Developmental Clinic of the New York Foundling Hospital.

on such anxious infants as being held by the mother has on those with parental attachment. When the infant's anxiety partly subsides he is willing to reach toward the stranger for an object but still draws back if the stranger reaches toward him. Thus the active experience is not anxiety provoking when the passive still is. This is a precursor of the later pattern of turning in play a passive experience into an active one. Both in anxiety and in rage disorganization of already acquired skills may occur.

During sadness the older infant and the child hugs the loved adult and buries his face in the adult's bosom. If the loved adult is not present or if the stranger bars the way to the mother, there may be a freezing of movement similar to that in anxiety while the child cries bitterly. Sadness goes in general with lowering of muscle tone and of the amount of activity. Abandoned infants with severe depression display apart from the characteristic posture marked lowering of the muscle tone. While held in the examiner's arms the infant's chin and knees can touch easily. Older depressed infants (during the third year of life) display *flexibilitas cerea* (waxy flexibility). While the normal infant of that age either resists having his arm raised passively by a stranger or lowers it immediately the depressed toddler may retain that posture for a long time.

A sudden increase in the activity of older infants and children is worth separate mention. They are analogous to but more complex than the increase described in motility of infants during joy or a mixture of anxiety and rage before their locomotion is established. The phenomenon in older children can be of the following types: in the middle of some pleasurable activity which was carried out with considerable self-restraint or in the middle of conversation the child runs back and forth across the room, sometimes jumping or putting his hands on a chair and kicking with his legs in the air. This is based on joyous excitement. At times the running around follows a restless rhythmic motion while sitting on the chair, obviously indicating genital excitement accompanied by erection which the child confirms on direct questioning. He may throw objects including pillows and push furniture around or turn it upside down. This is usually connected with aggression and hostility, often mild and at times with distinct pleasurable connotation. He may engage in flail-like purposely uncoordinated motion of all extremities and of the head. This has the quality of clowning along with sheer enjoyment of motor activity. The latter may be dominant in such semiathletic activities as repeated jumping off the table. In one child the clowning or whirling in the play session ended up with his purposely falling on the ground and writhing and rolling back and forth giving the impression of a peak



followed by the ebbing away of excitement. In all of these manifestations, the relationship to the other individuals present is marked, as it is in the frequent behavior of two and a half year olds who start running, throwing things, and jumping around when visitors arrive. These manifestations, depending on the special form, could be called motor outburst, agitation, or orgy.

Related to affectomotor patterns, yet distinctly different from them, are vigorous, sustained rhythmic activities of infants involving large segments of the body (Lurie, 1919). They may begin about six months of age, reach their climax early in the second year, and often subside to a considerable extent at one and a half to two and a half years. In some children they continue to a considerable degree as late as twelve years of age. Two common examples of such activities are rocking and bouncing. During rocking the infant is in a hand knee position, pushes himself vigorously backwards and forwards, with considerable absorption, usually also bumping his buttocks against his heels at the end of the backward movement. During bouncing the infant, after he learns how to stand, holds on to the rail of the crib and vigorously jumps up and down. Infants differ as regards the presence or absence and the frequency of occurrence of such movements. They occur in many normal infants, particularly at night after being put in the crib and in the morning after they wake. The infant may keep up the rocking vigorously so that the crib moves across the room. As is known, they are very common in institutionalized children, occurring in a protracted manner not only mornings and evenings but throughout the day. The motivational background of such rhythmic activity shows a considerable range. The circumstance in which they occur most commonly has already been mentioned—namely, the infant is placed in a confined space such as the crib and there is little external stimulation. They may occur in a more transient manner when the infant is in a state of joyous excitement, frustration or impatience. Once the infant develops a pattern—for example, during institutionalization—it is apt to continue even under changed circumstances. For example, an infant reared in an institution up to the eighth month was adopted by a family. Regularly after being fed it assumed the hand knee position and rocked. Such patterns have the character of strong urgency and are practiced with absorption. They are commonly considered 'autoerotic' (Kris, 1951, Levine, 1951, Spitz and Wolf, 1949). They seem to represent another convincing proof of the existence of a motor urge.

The following features of expressive motility and of vigorous rhythmic patterns are of special significance. (1) The affectomotor patterns change with the age of the child. Smiling is first accompanied by general in

activation, later by activation. The early patterns, once established are generalized reactions, usually rhythmic in character. Together with the more autonomous vigorous rhythmic patterns they may represent the liveliest motor manifestations up to about ten months of age. The vigorous rhythmic, nonadaptive patterns may be considered manifestations of the motor urge which precede, but also overlap with, manifestations via locomotion and manipulation. As the development progresses, the affective reactions tend to become more circumscribed and purposive—i.e., motor approach to pleasurable objects, withdrawal from painful and feared objects (Freud, 1915a). (2) Infants differ as to the degree of specificity of affectomotor patterns. In some the general motor pattern during smiling is consistently and clearly different from that during fretting or crying; in others the two are hard to differentiate. In still others, while there is a characteristic patterning of motility correlated with the dominant affective reaction, there is a measure of overlap between the various patterns. One of the most important patterns, flapping movement of the hands, may occur in joy, rage or anxiety, although it is most predictable and common in joy. (3) Infants show individual variations in their motor patterns from birth including motor responsiveness to different stimuli. (4) The individual variations in affectomotor patterns as well as the maturational alteration in them seem to represent in a measure congenital at times hereditary differences. Thus manifestations of various individual congenital potentialities follow a time sequence and seem in part unpredictable at earlier phases of maturation. (5) In the normal adult, gestures, laughter (Kris, 1940), and sexual intercourse and orgasm retain much of the generalized rhythmic affectomotor patterns of infancy and childhood. (6) In intense affective reactions, there is a tendency to the revival of earlier patterns of motility. The hand flapping previously mentioned may occur in an eight year old child or, rarely, even in the adult. (7) Many of these early patterns represent prototypes of later pathological reactions, to be discussed subsequently.

#### EMOTIONAL REACTIONS EVOKED BY MOTOR EXPERIENCE— SELF EVALUATION, INTERPERSONAL IMPLICATIONS

In general, a child has a need to perform the functions of locomotion and manipulation adequately (Hendrick, 1942, 1943). He shows mild distress when the act is not done quite well, and joy when it is finally performed successfully. Then the child turns to the adult with a smile, and the sympathetic adult responds with warmth, which in turn encour

ages the child further. During the first successful efforts to walk, the child may engage in dramatic display of emotions—both anxiety and joyous laughter. The distress over difficulties and the joy in accomplishment constitute one of the reasons for the child's consistent repetition of certain acts.

Anxiety reactions during locomotion regularly observable in initial stair climbing involve the child's relation to space and fear of loss of motor mastery (support) that is of uncontrolled falling. This anxiety seems universal although on the whole behaviorally it is more than compensated for by the motor urge, the child's limited perception of danger, and, later, his reckless striving for motor achievement, and the somewhat masochistic enjoyment of moderate falling. Such anxiety as well as frustration because of undeveloped skill in reaching an object or manipulating it properly leads to turning to the adult for help. Help by the adult contributes to a positive relation with the child, while irritable rejection results in a negative relation.

At a relatively early age, transient restriction of motility may, though it does not invariably, lead to a mixture of rage and anxiety (Dennis 1940, Pratt, Nelson, Sun, 1930, Watson, 1921). Sustained and recurrent restriction of movement (Greenacre, 1914, Levy, 1914) after the child has moved freely for some months leads to a severe state of anxiety and hostility and serious damage to the image of the self, which always has a strong motor component (Schulder, 1935). This can be seen in eczema when the child's hands are tied to the sides of the crib for protracted periods. In such situations, in addition to the fear of not being able to move, there is fear of complete abandonment, of death by starvation, and of total helplessness in the face of potential attack, including genital injury. Thus sustained restriction is a total threat to self preservation.



FIGURE II

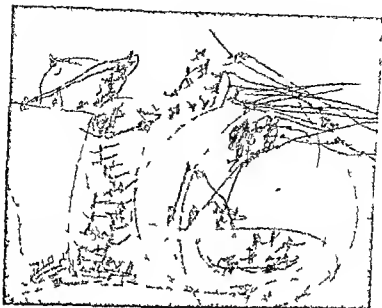


FIGURE III

The little figures are people with bows and arrows and guns and bayonets. Some of the lines indicate mountainous terrain others missiles flying and the large circular pattern is the result of overflowing excitement. Like all the other patient drawings accompanying this article the drawing has been considerably reduced in size in reproduction.

The adjoining figures are the drawings of an eight year-old boy whose hands were tied to the side of the crib for several months during the third year of life because of eczema. He first drew each of the figures without upper extremities then tacked on one extremity—dwarfed except in his fourth figure which is in lively motion. (These drawings are shown in Figure II.) This development in the figures was reflected in one of his main symptoms namely aggressive conduct disorder with overactivity constituting a compensatory reaction. It was also reflected in his spontaneous drawings—extensive and vehement battles between cowboys and Indians (see Figure III). He made over two hundred drawings of the latter kind in the course of his play sessions.

While such severe experiences are rare restrictions of lesser degree with lesser reactions of rage and anxiety are common if not universal. Thus rage and disturbed adult-child relationship may arise early in connection with motor functions. As a result motor anxiety may form the background of many later anxieties and lay the groundwork for disturbances of pleasure (genital) functions (Loewenstein 1950).

The dynamics of motor activity was approached earlier in this paper with the concept of a motor urge. To this should be added gratification of other urges, escape from pain, joy over accomplishment, and the affection and praise of the adult. The last represents a reciprocal relationship with the environment. This reciprocal relationship is manifest in connection with two other motor phenomena: the tendency to give or hand objects to people—starting about one year of age—and the opposite, namely the tendency to grab all desired objects with the declaration, "It's mine." The former, although facilitated by the recently matured ability to release objects (Gesell and Amatruda, 1911) and still partly self-centered (narcissistic), is a distinct step in the development of true interpersonal attachment (object relations). The grabbing and accumulating represent a compensatory surge in possessiveness based on increased motor urge, strength, and skill (Gesell and Amatruda, 1911), with the resultant self-assertiveness and combitiveness in the face of even minor frustrations in contact with siblings and parents. It coincides with the phase of negativism (tendency to say "no"). The phenomena discussed represent the motor components in the psychological traits of giving, hoarding, and stubbornness in addition to the oral and, developing particularly about this period, the anal components. These phenomena are further related to the infant's dependent needs and developing sense of independence.

The infant's actual dependence on the adult has its psychological counterpart, developing probably during the first few weeks or months of life. This at first has almost entirely passive motor implications, such as desire to be fed, cleaned, held, carried, moved rhythmically. As soon as the infant is able to embrace and cling to the adult, about the sixth month, dependence acquires an active motor component.

With the development of various motor abilities, there is an increase in actual as well as psychological independence (Fenichel, 1915) which alternates with the dependent needs. During the third year of life, the child frequently keeps struggling with the task he set himself and, if the adult tries to help, responds with a tantrum, saying, "I want to do it myself." Apart from the hostile reaction to adult intervention, this reaction contains accent on the concept of self, self-assertion, and desire for accomplishment. During this period the child's image of his motor ability may be boundless. In general there is increasing emphasis now on motor accomplishment leading to self-esteem. Thus the evolution of self-assertion and self-esteem is intimately connected with motor development.

A fusion of dependent needs and the desire for independence in the image of the self takes place via motor (imitative) identification (Piaget,

1951) along with the desire to be the size of the adult. Other factors in imitative behavior at this age are the wish to participate in the adult's activities to be part of his world (Frank), master motor tasks and turn passive situations into active ones for the purpose of overcoming anxiety (Freud, 1920)

A four year-old child went into the cellar with his father. The ceiling was low so that the father walked bent over whereupon the child also walked bent over.

Through this kind of activity, the child feels he is like the beloved adult and has his abilities and skills.

We may now add the psychological features characteristic of the motor period of development are *motor or imitative identification*, increase in evaluation of the self with increase of independence, self assertiveness and self esteem.

#### MOTILITY IN RELATION TO MASTERY, REALITY TESTING, INTEGRATION, SELF PRESERVATION (EGO FUNCTIONS)

The development of manipulative skill postural control and locomotion has been carefully charted by various investigators (C. Buhler, 1930, Gesell and Amatruda 1941). Here the relationship of these processes to total personality will be discussed. The evolution of the infant's image of himself and of his ability to differentiate between himself and objects around him is closely associated with the development of motility. The main avenues by which these developments take place are the mouth-hand, finger-to-finger, and the eye-hand co-ordination. The mouth-hand co-ordination leads to the experience of *simultaneous double sensation* namely, of the mouth and of the skin of the hand (Hoffer, 1919, 1950). The finger-to-finger movement (Gesell and Ilg 1942) leads to double tactile sensation. The eye-hand co-ordination leads to the simultaneous experience of visual and tactile perception. Kinesthetic experience plays a role in all three. In addition to the reaching for and grasping the earliest form of motor manipulation is the shaking of the object which in many infants is analogous to the affectomotor reaction during joy (rhythmic movement of the feet and of the hands). Early in the second half of the first year of life most infants have developed the following ways of reacting to external objects: visual perception and fixing with the eyes if the object is within the child's range; reaching for it; taking it to the mouth and shaking it. The three processes: mouthing, rattling and looking at alternate. Objects that are beyond the reach of the child, of course, can be taken in only visually.

Fine motor behavior (refinements of grasp, use of the index finger, resourceful handling of smaller objects including pencils) acquires important new implications and, during the second and third years of life, already gives the child an added knowledge of the world and thus increases reality testing. It provides new spheres of interest and sources of pleasure as attested, for example, by popular toys with which the child hammers pegs or puts marbles into holes. Through all these means the child begins to utilize more primitive urges for skilled, creative, culturally valuable activities (sublimation).

Motor manipulation, along with perception, and later with speech, is the precursor and model of thinking (Gesell and Amatruda, 1941, Piaget, 1952). Freud (1911) calls thinking experimental action.

A two-year-old child has seen adults open and close matchboxes. He has struggled with manipulating them in the past and has requested adults by putting their hands to the matchbox, to do it for him. After several weeks he succeeded in opening and closing the matchbox. He smiled broadly with great joy, looked at the adult who smiled back, and the child handled the box again, repeating the sequence about ten times.

The incident illustrates the source of pleasure that successful mastery of skilled movements represents and the communication that takes place with the other persons in the environment. In fact, one may say that the most important avenue of communication during the motor phase of development is via motility. This communication has two different elements: (a) affective motility, (b) the utilization of skilled movements in relation to objects or situations in the environment. Affectomotor responses of joy, anger, anxiety, sadness, etc., are spontaneous to begin with, but, after the child recognizes the environment's reaction, they acquire a directive, communicative element. They also furnish models for social movements. During the first year of life, for example, out of the hand flapping of joyous excitement evolves the waving of 'bye bye' and playing patty-cake. The skilled adaptive movements that serve the purpose of communication are pointing with the index finger, reaching, grasping and pulling. Thus the child looks at the adult and points at the object he wants or which he wants the adult to manipulate. He may go to a door, try to turn the knob, then go to the adult, seize his arm and pull him to the door, clearly implying that he wants to have it opened.

Returning to the question of the relationship of vision to motility, one may say that in seeing infants the development of motility is organized under the guidance of vision. This remains so throughout life. Visual clues also serve as the most common indicators of the presence or absence

of danger and thus assure freedom of motility. It may be remarked in passing that the motility of totally blind individuals appears somewhat unintegrated and diminished in comparison with that of the seeing adult, particularly in children. This is due to the replacement of visual by auditory and tactile clues. What has been said applies to purposive, skilled behavior. It is noticeable in Helen Keller's purposive movements in the film, "The Unconquered." In her expressive movements, however, with her upper extremities, torso, gesturing with the head, and smile, she presents a lively, free motility pattern. Such movements are more automatic and there is no caution involved, probably because there is no danger of injury or error.

The auditory clue is less exact than the visual, and the tactile clue requires groping because of its proximity. They result in a different postural integration than do visual clues, and the diminished safety leads to anxiety and caution. We may say that the motility of the blind bears the imprint of cautious watching for auditory and tactile clues. The experience of objects moving, including their appearance and disappearance, is a very important part of the perception of the outside world. This is true as early as the first two weeks of life. It is further relevant that the most reliable stimulus that evokes a smile in the infant is the movement of the full face (Spitz and Wolf, 1945). The relationship between active motility and the visual perception of movement is established, among many experiences, when the child gazes at his own hand moving or held aloft at twelve weeks, and when he releases, drops or throws objects at about one year of age. The young infant's relationship to external objects is largely visual and predominantly passive. Change occurs with the development of locomotion. It may be remarked in passing that infants show considerable individual differences in the form and efficiency of locomotion before they learn to walk. The most common and most adequate is the crawl on hands and knees. Other infants do not crawl but are more successful in creeping, that is, moving ahead on their hands and their abdomen. Even less adequate, usually, is moving ahead on hands and buttocks. Other infants engage in practically no locomotion until they learn to walk, although the desire to get to objects is already very distinct. These variations may account for a difference of several months in the development of the processes to be discussed and may possibly affect the child's image of himself and of his relationship to external objects. The development of adequate locomotion enables the child to get most objects he sees. With this development, things acquire full experiential value only if he contacts and manipulates them. Thus motility becomes one of the most im-



portant aspects of reality testing This interested and joyous touching testing behavior also establishes connections between the child and the object, between his sensory organs and the object (eye hand co-ordination), and between various objects which he brings together. Further, there is a motor element in all sensory perceptive behavior (Bender, 1952, Schilder, 1935) The eye, the head, and the torso turn toward the object or the sound Adding to this the motor follow through on physiological urges, e.g., bringing the food to the mouth, we may say that during this period motility is the dominant integrative function An important by product of this, together with the child's readiness to substitute objects for one another in his games, is the extensive development of symbolic action

As mentioned in connection with the motivational dynamics of motility, so in connection with motor reality testing, there is continuous reciprocal interaction between inner processes and outer object The organism, under the influence of various urges and the desire to test objects, manipulates them, the qualities of the objects in turn affect the mode of manipulation as well as stimulating and influencing the attributes of the inner urges

In the organization of movement into action (Freud, 1911) or non adaptive into adaptive behavior (Gesell and Amatruda, 1941) or pleasure and affect-dominated behavior into rational behavior (Rado, 1950), two distinct factors play a role One is the maturation of neuromuscular patterns the other is learning The latter includes control or inhibition of nonadaptive reactions, e.g., the infant or child must learn to control his affectomotor movements automatically so that he can effectively manipulate objects Of special interest for motor reality testing is control that develops as a result of relationship with the environment

Appreciation of reality, of impulses, and of gratification involves, to begin with, muscular activity on a primitive level Motility here refers both to muscles integrally involved in other drives, e.g., sucking, and to the broader motility, e.g., getting to the food Actions become controlled at first as a result of the conflict with the parent and of pain and anxiety resulting from motor mishaps Later the process is internalized As a result of the development of control, the child becomes all the more aware of the significance of the motor element in dealing with reality or in turning impulse into reality Things become real only if he acts With this, reality testing becomes dominated to an even greater extent by motility The sense of reality of course includes sense perceptions the final experience of gratification and, with speech development, putting actions into words Mastery, reality testing and integration together with

the motor experience of escaping from danger and of getting to food to still hunger and thirst make motility psychologically also the most important means of self preservation<sup>8</sup>

#### MOTILITY IN RELATION TO AGGRESSION, ATTACK ON THE SELF, CONSCIENCE (SUPEREGO) AND FEELING OF ABANDONMENT

Aggressive motor behavior develops out of affectomotor reactions, exploration of animate and inanimate objects (Bender and Schilder, 1936), defense against being hurt, increased evaluation of the self, and enjoyment of aggression. While these factors intermingle, schematically presented aggressive motor behavior shows the following sequence of development. In the first year of life unpleasant external stimuli, hunger and sleepiness, initially produce something like a mixture of anxiety and rage, with crying ( crankiness ). During the first few weeks these reactions are accompanied by alternate windmill movements of the upper, and alternate pulling up and kicking of the lower extremities. In subsequent months the infant shows, during crying a characteristic posture with irregular movements of one or more extremities. These as well as the earlier movements are not directed toward any object. Later in the first year of life some of the same stimuli, but chiefly restriction—e.g., during diapering or being dressed—and interference with activities (Hartmann, Kris, Loewenstein 1949) and frustration produce chiefly rage, with general struggling and vigorous flailing of the extremities. These movements are not object directed either, but have the partial purpose of getting rid of restriction and escaping from it. Next, objects are handled either with affectomotor or adaptive manipulation. Thus the child may grasp the fur on the back of a kitten with both hands and rapidly move it up and down as in joyous hand waving. Or he may grasp the kitten's tail and pull the animal closer to himself. At first these are not aggressive activities, but when the animal resists or hurts the child they are repeated at times after running to the adult for consolation and help, with self assertive insistence, and finally with aggressive intent. By and large this takes place early in the second year of life. Next, clearly aggressive movements such as striking and kicking appear. These are clearly purposefully aggressive hurting hostile actions and are often carried out with a mischievous facial expression and with clear signs of enjoyment. They occur during the second half of the second year of life.

<sup>8</sup> Motility in relation to defense mechanisms commonly grouped with ego functions will be dealt with in the clinical section.

The evolution of aggressive behavior is facilitated by the increasing experience of strength and independence resulting from locomotor and manipulative development. Finally, the child clearly realizes that what he does *hurts*. The child has experienced pain and discomfort from aggression directed toward him, and now connects his inner experience with his own overt activity. This usually takes place during the third year of life. True aggressive, hostile behavior contains all the elements mentioned.<sup>9</sup>

It should be added that the relationship of the child with parents and siblings as well as with other adults and children plays an extensive role in the evolution of aggressive behavior. This is the effect of frustration, discipline, aggressive attacks and imitation. This imitation of the aggressive behavior of other persons becomes effective during the second half of the second year of life. Often the first form of defense against a consistently aggressive older sibling is biting, appearing at about one year of age.

During the period of increased possessiveness and negativism discussed earlier, occurring in many children, there is a considerable rise in overt aggression, particularly toward siblings or substitutes.

Infants who engage in alternate windmill movements with their upper extremities in the early weeks of life while crying may actually scratch their faces—even necessitating the application of mittens. It is questionable whether this type of self-injury has any psychological meaning. Older infants, starting about the seventh month, may strike themselves rhythmically in the course of rage reactions. Such movements are of the affectomotor type and the infant's own body is the nearest available target. In a similarly primitive manner, attack on the self may take place in the form of the vigorous rhythmic activity of head banging (A. Freud and Burlingham, 1944). But like the other rhythmic patterns this too may have many different determinants. Striking one's own body in rage can take place later, more clearly as a substitute for attacking another person. Self-attack can be clear in painful reactions also, e.g., pulling of the ear in earache. Such movements often have the character of trying to remove an offending agent, e.g., scratching. The tendency to externalize the painful part of the body and to treat it or get rid of it (Rado, 1950) as a hostile agent may persist throughout life in the form of fantasies, possibly

<sup>9</sup> In this presentation activity in general and aggression have been differentiated contrary to the formulation of some authors. The discussion of the implications of the material presented for the theory of aggression as an instinctual drive is beyond the scope of this paper.

accompanied by an incomplete movement. Psychotics may actually carry out such actions, e.g., remove their eyes.

Adult injunction in regard to motility leads to compromise formation or incomplete action; the child moves his hands toward the object without touching it, reaction formation he holds his hands behind his back instead of reaching, doing and undoing he picks up the object and immediately replaces it. Along with this may be verbal identification, e.g., repeating the adult's 'No, no,' or motor identification, e.g., striking the palms of the hands together as the adult does during injunction. These latter two represent steps on the way toward more complete internalization of injunctions and development of conscience.

The child reacts to adult disapproval after a deed has been done with anxiety and depression and a diminution of motility and escape movements, e.g., turning the head away. In older children, anxiety and remorse may express themselves in accidental hurt. However, the child's guilt may also lead to increased activity of a mischievous character (a) to provoke punishment, (b) to test the adult's love, or (c) as an aggressive reaction to anticipated punishment.

With the development and realization of the ability to hurt also go experiences and the anticipation of being hurt by the motor aggression of others. This becomes, at about the age of two or two and a half, an important element in the fear of retribution and, in that way, in the development of conscience. This may be the time of the first recurrent manifestation of anxiety.

The first reported dream of one of the infants longitudinally observed was a nightmare which resulted in his leaving his crib and going to his parents' bed. On being asked what had happened he said, 'Bump bump.' This in his language referred to cars.

Another infant, also two and a half, was terrified to stay in her crib the first night in the country and insisted on going to her parents' bed. After several disturbed nights she was asked to put a doll into the crib to sleep but she declined with anxiety. Asked why she said a car would come up and run her over because she could not run out of the crib. She then said that that was what she had thought would happen to her the first night in the country.

In both of these examples, it seemed that a large inanimate moving object, the car, becomes the representative of the feared punishing adult. The choice of cars for this purpose is facilitated by their size and their noise, a not infrequent source of transient anxiety in many older infants particularly if they have been warned about the danger of cars. Both these infants were engaged in rivalry with a younger sibling manifesting degrees of aggressive behavior, and being warned and mildly chastised for it by the adults.

In environments where bodily punishment of the child or of a sibling is the chief form of discipline, fear of motor retribution may dominate the child's conscience

Attack on the body, either purposeful or accidental, may also occur as a result of bitterness over abandonment, rejection or humiliation, e.g., accidental cutting of the finger with a knife or being nearly hit by a car while crossing the street. Apart from anxiety and hostility, impairment of alertness as a result of preoccupation with a disturbing topic also plays a role in such accidents. All of these factors together disturb the smooth performance of functions that otherwise are well mastered by the child. Accidental injury may represent an unconscious enactment of fantasies of hurting oneself, being in an accident and being killed in order to make the abandoning adult feel sorry. If the fear of abandonment is combined with guilt, then the self-hurt has the meaning of expiation. This may represent a development in the direction of masochism. Such sequences are seen in play sessions when the child first engages in aggressive games toward the therapist, e.g., shooting arrows, and then asks the therapist to do the same to him. The four forms of development of aggression toward the self, namely, blind rage vented on the self, attacking part of the self (painful, hostile), self-injury out of conscience, expiation and punishment out of hostility because of feeling of abandonment, have common features and partly overlap. The "attacked" self may represent the person who abandoned the child, thus the rage is directed toward him. It may represent the painful, rejected, hostile part of the self, as in bodily pain. We may now further add: the motor phase of development is characterized by increase in aggression, fear of motor retribution, and readiness to self-injury in case of guilt and rejection.

### MOTILITY IN CLINICAL SETTINGS

#### *Motility in Relation to Defense, Compensatory Devices, and Substitute Gratification*

Alterations in motility may serve to ward off impulses, guilt, and internally and externally perceived dangers. In addition, they may have a substitutive, compensatory or resistive function. Among the motor phenomena serving this purpose are diminution or increase in activity, intensification of certain normal activities and some clearly pathological manifestations. In restriction of general motility the forbidden impulse may be free motor behavior or motility in the service of self-assertion, aggression or sexuality. In addition to simple protection, restriction of

motility can afford substitute gratification by passive motor pleasure and the fantasy of being taken care of

A twenty five year-old patient restricted his activities because of languability and need for long hours of sleep. His symptoms served in part as a defense against self assertive, aggressive, and genital impulses and their consequences, but he also obtained a great deal of pleasure from lying in bed long hours turning from one side to the other, slouching on the chair and shifting posture

Increase in activity may represent unconscious flight from or fight against the impulse or guilt or against the externally perceived danger, without the nature of the activity necessarily revealing its meaning. The increase may further represent a substitutive motor satisfaction, e.g., in the place of the forbidden genital activity, or reinforcement in the face of danger through the fantasy of increase in strength and ability

This is illustrated by one of the verbalized fantasies of the overactive eight year old boy whose hands had been tied down when he was two and a half because of eczema whose figure drawings were shown previously (Figure II) "I have a white stallion in a corral. I ride him most every day. I can jump on his back while he's running and without touching him."

In another play session he kept jumping off from increasingly greater heights—first from a low play chair, then a regular chair then from the play table, and finally from a chair on top of the play table. He put a towel around his shoulders saying "I got wings also so I can jump very well." He jumped very skillfully with a mixture of anxiety and joy.

Motor (imitative) identification with the adult or with the aggressor may serve similar purposes. Imitating the activity of a younger sibling relieves the painful feeling of rivalry and hostility and gives the compensation of being like the younger sibling and having the love of the parents. Fear of abandonment may result in clinging behavior by the threatened child.

The idea that a restrictive motor defense is more common in individuals congenitally inactive, and an overactive defense more common in congenitally active persons would require statistical confirmation. Individually, a change in pattern is observable at times. Thus, in one child, there was a permanent increase in activity at about the age of two. One of the factors in this was sibling rivalry. It could be observed that when the nurse or parent held the sibling she (the child under discussion) became impatient, ran around asking the adult's participation in her activities.

Hyperactivity or restricted activity may be periodic or more or less

There is a marked tendency for the continual manifestation of vigorous rhythmic activities in blind infants and children also. In any group of totally blind children, even at the age of six, many can be observed to be engaging in the six year old equivalent of rocking or in stereotyped hand flapping. The determinants for this phenomenon are probably manifold: there is less natural stimulus from the outside world than in seeing children, the children engage in much less manipulative and locomotor activity because of fear of injury, not being able to compare their activity with that of others, they do not actively suppress these patterns, and they are exposed to overprotective, overanxious, and often rejecting attitudes on the part of the environment. The tendency to stereotyped rhythmic activity diminishes considerably as a result of treatment which succeeds in establishing more suitable contact with the objects and persons in the environment. However, even blind adults of college age may manifest such rhythmic activity as repeated bending at the hips in situations of increased tension.

The motor development and urge of any infant during the second year of life often becomes the precipitant of the adult's previously compensated *now overt neurosis* (Fries and Woolf, 1953). The adult now finds an assertive organism to cope with, and his anxiety over injury, his identification with the child, his hostility over looking after him or over his becoming independent, and his guilt increase in intensity. The child reacts with anxiety, defiance or neurotic symptoms—thus establishing a complementary set of reactions between adult and child (Mittelman, 1952).

Inadequate motor performance leading to derogatory comments or rejection by parents or other children may be one of the most significant sources of the feeling of inadequacy. Awkwardness with abnormal postural reflexes, some athetoid movements with the resultant motor frustration may lead to hostility toward oneself and others (Mittelman, 1958). Even severe motor disturbances, particularly of the choreo-athetoid type, may go entirely unrecognized, yet cause anxiety, excessive dependence, and other neurotic manifestations (Bender, 1940).

#### *Motility (Motor Memories, Dreams, and Behavior) in Adult Patients*

A thirty-eight year-old artist entered psychoanalytic treatment because of anxiety and asthma. He had attacks of fear of death which became particularly severe after a passive motor experience. During an anxiety attack, he became dizzy and fell to the ground.

The patient had a variety of significant motor memories. His first consciously remembered genital excitement occurred at about the age of five while he was

continuous. The hyperactivity may represent a reaction to the anticipated frustration of dependent needs and the fear of abandonment.

A six year old child was hyperkinetic and aggressively destructive in the early play sessions. He then changed the game pattern and interrupted the overactive pattern periodically by making the therapist sit in jail (a medium sized box) and then sitting down next to him himself looking at him affectionately, and putting his arm around him.

Compromise formation, incomplete action, motor reaction formation and regression have been mentioned earlier in this paper and will be referred to again in connection with clearly pathological phenomena.

#### *Comments on Etiology*

Motor pathology may be the result of pathogenic effects striking the individual in the motor function directly or in other areas of physiological or psychological function, e.g., rejection, genital trauma, and so forth. In the latter case, some form of active or passive mobility may be come equated with sexual or aggressive experience, and the conflict over the latter results in pathology in the former (Freud, 1926, Bornstein, 1949). Similarly, factors attacking the motor function directly may produce the main symptom in other spheres of function, e.g., punishment for motor activity may result in nail biting via oral aggression turned toward the self. References to these problems may be found throughout the article and they will be discussed further in the section on motor memories. The following comments should be added here. The development, patterning and motivational aspects of mobility and closely related functions have been sketched to this point. The phenomena and phases in this development show individual variations on congenital bases but are also facilitated by environmental handling. Thus there are individual variations in infantile muscle tone. Hypertonicity with its characteristic posture of crying (flexion of the upper and lower extremities) may occur in infants of relaxed mothers, but more commonly it occurs in those of tense mothers. Then a vicious circle is set up between mother and infant, each reinforcing the other one's pathology.

Some strongly marked infantile affectionator and vigorous rhythmic patterns show clear congenital tendencies but are also significantly facilitated by the environment. Kooking and head banging, as is generally known, are much more common, particularly during the day, in institutional infants—with their confinement to the crib and absence of adequate stimulation and affection. Their occurrence in a family setting may also set up a vicious circle of reactions between infant and adult.



wrestling with a girl. On the *aggressive* side, he saw, at the age of about five or six, his father, who was separated from his mother, knock her down in a rage. The helpless restriction of motility and of breathing when his tonsils were removed when he was six was one of the most *anxiety*-arousing experiences of his childhood. He tried to raise his arms to remove the anesthetic mask; the nurse held them tightly and pressed them against his chest, thus both immobilizing him and making his breathing more difficult.

Several significant attitudes and much motor behavior in his *later* life were partly determined by these experiences. He had always been *attracted* by two types of women: the delicate, "feminine," and the *muscular* types. He got more excited with the *muscular* women, asked them to *struggle* against him during love making, and had less control over his orgasm. He combined the two types in the female figure he drew in response to the request: "Draw the figure of a person"—a projective test. She is naked and in lively dancing motion (see Figure IV). The male figure will be referred to later. Although he was very considerate

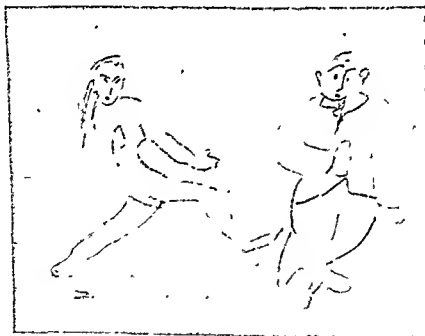


FIGURE IV

with women, on one occasion, in a violent *temper*, he struck a girl friend on the jaw with such *violence* that she suffered a fracture of the mandible. There was a *circular relationship* between the *anxiety* over his arms and chest being held and his *asthma*. The *asthma*, starting soon after the tonsillectomy, in turn revived the *anxiety* and again the *anxiety* contributed to the *asthma*. Both of them in part represented punishment and retribution for his own violence, with helplessness in the face of attack.

The deep significance motility had for him psychologically is illustrated by the *dream* he had before he came for the first session. He was carrying in his arms a limp figure his own self uncertain whether it was alive or dead, into a restaurant. He sat down at a table and felt he had to make this figure sit up and he had to feed it otherwise it would be dead. (Figure V is a sketch by the patient of his dream.) In this dream feeding and control over posture are equated with survival.

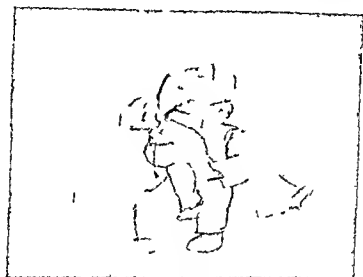


FIGURE V

The significance of motility was obvious in two other phases of his life. He was active in sports, felt uncomfortable if he did not engage in some physical activity, and at times worked off anxious anticipation or resentment through it. The latter is reflected in his drawing of the man in Figure IV.

His general motility outside of the analytic hour was lively. He was usually on the go with spright body movement often playful in manner. Apart from temperament and high level of urge for activity this liveliness represented an unconscious compensatory reaction to tensions partly for his own comfort partly to impress the outside world.

*Resumé.* A thirty eight year old artist suffering from anxiety attacks and asthma showed the significance of motor experiences in the development of his behavior patterns, normal and neurotic, particularly in his sexual, aggressive, and anxiety reactions. He used motility as a compensatory relief from tension in his daily life continually and satisfied both this need as well as his motor urge in the form of active sports.

Two remarks should be added. Besides anxiety dreams of motor failure, those of falling may be particularly significant and may be patterned on fear of falling discussed in connection with infantile motor development. High spatial position in dreams then may represent self magnification, superiority to others, exposure or genital excitement, and falling, catastrophic failure, retribution or punishment. Injunction by a severe adult directed toward forbidden acts and toward freedom of movement in general in his presence may lead to severe inner restriction of motility. This goes with impairment of self assertion and inhibition of even approved strivings.

On the basis of our investigation of pattern formation of the genetics and the motivational aspects of motility as well as on the basis of clinical investigations, we can draw the following general conclusions: (1) Motility plays a lifelong significant role in the psychodynamics of every individual, both normal and pathological. (2) Motor manifestations and motor history are significant in every patient under treatment, even when the patient does not show obvious motor pathology. (3) Psychological traits that arise in connection with motor development, as with other physiological functions, may remain significant even when the motor problem itself has lost its importance or has become unconscious. (4) In the terminology of the psychoanalytic theory of regression we may say that some patients show varying degrees of fixation at or regression to the motor phase of development.

### *General Behavior and Motor Pathology*

The motor behavior of the adult or child patient may be expressive of a dominant characterological trend, as illustrated by the preceding case. General motor behavior based on prevailing emotional reactions may be evident soon after the development of locomotion. Besides exploration, the toddler's activities may be dominated (a) by anxiety with the characteristic escape from strangers to the adult of safety, (b) by aggression toward rivals and hoarding of objects, and (c) by feeling of hurt with the characteristic turning away and going off into the toddler's own room. These patterns may remain constant for many years.

There is increased or diminished muscular tension in all patients suffering from neuroses as a result of (a) anxiety, (b) hostile and defensive patterns of childhood, or (c) defensive positions against genital impulses (Reich 1933). During psychoanalysis each patient assumes characteristic individual postures with individual frequency in changing posture. Some postures and movements are consistently connected with

definite themes, e.g., those of the extremities with genital topics (Deutsch, 1952) Motor behavior may be an important part in the internal and external circular chain of unconscious neurotic reactions. Thus anxiety may produce a compensatory muscle tension with a double result (a) anxiety diminishes and the muscle tension is maintained for the purpose of relief (b) the tension is taken as proof of danger, thus renews the anxiety with the above consequences. Further, the patient's overt motility makes emotional impressions on persons in the environment whose behavior in turn affects him.

Psychogenic motor pathology represents the outcome of conflict (Breuer and Freud, 1893, Freud 1905). In harmony with the extensive implications of motility, the clashing forces may be sexual, hostile, self assertive, dependent and submissive impulses on the one hand, and guilt, fear of retribution of rejection and of humiliation on the other. The conflict may result in incomplete action, symbolic action, and motor reaction formation, referred to earlier in connection with motor development, or tremor which may represent an excessive, anxious effort at performance with simultaneous attempts to prevent action by the antagonists. The connection between impulses, particularly hostility and competition on the one hand, and motor phenomena on the other, may be especially clear during dreams. The patient may wake out of dreams of violence or effort with his muscles rigid and may suffer subsequent pain (Saul, 1948). In all of them motor experience is substituted for other impulses.

Hysterical paralysis, whether with flaccidity or with contraction, is a defense against action and also a substitute for it (Fenichel, 1915, Freud, 1926). It is probable that experiences during the motor phase of development furnish the predisposition to motor conversion hysteria and tic. In harmony with the extensive implications of motility, even circumscribed hysterical motor disturbances have multiple meanings and are accompanied by disturbance though less dramatic of adjacent muscle groups. The motor disturbance is generalized at the beginning of the illness, and psychosomatic pathology may be present in other organ systems also.

In tics hysterical or more autistic (Ferenczi 1921, Gerard, 1946, Mahler, 1944, Mahler, Luke Daltroff, 1945), the mechanism of doing and undoing, e.g., looking at and looking away, may be of significance in addition to that of defense against anticipated motor attacks.

During the years when impulses are readily carried into action the child may go to the toilet at night—or to the clothes hamper instead—to urinate, without full consciousness and without memory for the incident next morning. He may sit up in his bed and cry for his parents, or go to

them as a result of anxiety dreams with similar limitation of consciousness and memory. Such behavior may be the prototype of the more complex adolescent or adult somnambulism.

Strongly marked affectomotor and vigorous rhythmic autoerotic patterns during pleasurable excitement in infancy may facilitate the development of perversion in two ways: (a) the infant executes rhythmic movements with resultant genital excitement, e.g., while fondling the adult's feet, (b) his interest in the adult's feet, and his identifying them with his own, is maintained at a high level because of the kinesthetic sensations during those movements (Mittelman, 1953).

On the more psychological side of the implications of motility, the following should be added: imitative (motor) identification is the prototype of hysterical identification. The anxiety behavior of the crawling or walking infant is the prototype of later phobic behavior. The protective adult of the child later symbolically becomes the home along with the other individual whose presence is required to spare the patient an anxiety attack. The venturing forth within a limited circumference and the anxiousness to return to the place of safety are similar. To this fear of abandonment in the face of danger are added sexual and aggressive conflicts. The arrest of movement seen in some anxious infants, midway toward the object they wish to handle appears to be one step toward the attributing to the object dangerous qualities seen in adult patients.

Obsessive-compulsive symptoms show parallels to the phenomena during the motor phase of development in the pressure of solving problems through motor action (Schilder, 1938) and repetition and in incomplete and symbolic motor action and in doing and undoing as a compromise between impulse and restricting forces. The stubbornness and tendency to hoarding of some obsessional characters has genetically in part a motor determinant. In traumatic neurosis, apart from tics, there may be massive regression to infantile motility, e.g., crawling (Kardiner, 1932, McDougall 1926).

The psychopath shows a parallel with the motor phase of development in that impulses on the psychological level are carried into action.

The manic patient shows such parallels in his continuous activity, in his impulses being carried into action and along with the self aggrandisement, in his belief in the omnipotence of gesture. Institutional children who have failed in their total development may show bizarre finger movements of the adult schizophrenic type (Spitz 1951). Schizophrenic children show persistence of earlier motor patterns, a tendency to leaning and clinging and whirling (Bender, 1947). We may add to this the persistence of infantile affectomotor patterns, e.g., hand flapping, during

anxiety or joy and the less frequent reversions to infantile forms of locomotion e.g. moving on hands and buttocks. The tendency to circular movement is manifested in both childhood and adult schizophrenia in the drawings of the Bender Gestalt figures by the rotation of the figures and replacement of dots with circles (Bender 1952).

It has been mentioned earlier that severely depressed abandoned infants may show waxy flexibility in the third year of life. It is a complex problem why this symptom probably representing the giving up of motor initiative appears in the adult in a different syndrome namely schizophrenia. In the latter syndrome stereotyped symbolic or defensive gestures and catatonic stupor may represent withdrawal from the world along with belief in omnipotence of movement e.g. not wanting to move because the slightest movement may decide the cosmic battle between good and evil. Infantile patterns e.g. fetal posture may be assumed by some catatonics.

In terms of the psychoanalytic theory of regression one may say that the syndromes discussed contain features of varying degrees of fixation at or regression to the motor level of development as part of total reactions of defense compensatory devices and substitutive gratification.

### SUMMARY

1 There is a motor urge (drive) in the same sense as there are oral etc. urges (drives). This urge is present at all age periods but is the dominant urge at the beginning of the second year of life and remains dominant for several years.

2 The period of most rapid development of motor functions (posture locomotion manipulation) coincides with dominance of the motor urge. In this sense we may speak of a motor phase of ego and libido development (organization).

3 During this period motility is the dominant or one of the dominant means of reality testing and of integration. The period is further characterized psychologically by imitative (motor) identification and increase in evaluation of the self (self assertion self esteem) independence aggression fear of motor retribution and readiness for self injury in guilt or rejection.

4 Motility while an urge in its own right is also significantly connected with nearly every other motivational striving both of physiological (oral excretory genital) and more general emotional nature (love dependency etc.) and particularly self preservation.

5 The attempt at new motor performances is often attended by frus-

tration and perplexity and, particularly in connection with locomotion, by anxiety (fear of uncontrolled falling), adequate solution of the motor problem is attended by joy and leads to repetition. The adult's support of the child in his anxiety and his participation in his joy lead to a positive circular interpersonal reaction. On the other hand, the young child's clashes with the environment (parents, siblings, and surrogates) frequently center around the child's motor activity and lead to the first flare up of complementary neurotic reactions. Thus there is a reciprocal relationship between the motor activity of the organism and its environment on the interpersonal as well as on the inanimate object level. In connection with the latter, the objects impose their qualities on motility in the process of reality testing.

6 During the first year of life, the motor patterns during emotional reactions are often generalized and rhythmic, and show developmental and individual alterations. At later age periods, in acute situations of stress or under pathological conditions there may be a revival of (regression to) earlier generalized motor patterns. The same is true in regard to vigorous patterns of (autoerotic) activity, e.g., rocking. Institutionalized infants and blind infants and children show a strong tendency toward continually recurrent rhythmic motor patterns.

7 Sustained restriction of motility during the motor phase of development may lead to severe anxiety reactions and later to compensatory overactivity. Acute anxiety from other sources may lead to increase in motor activity, e.g., running for safety, or to inactivation or failure of motor function. Infantile depression may lead to hypotonia, retardation, and waxy flexibility as seen in adult schizophrenics. In sustained conflict situations, motor behavior may show the phenomena of compromise formation, substitution, reaction formation, and of alternate doing and undoing. The playful use of motility may serve the purpose of conciliation following aggression or of mastering anxiety. In all individuals, healthy or sick, motility plays a significant psychodynamic role as revealed in their observable motor behavior, in their past history, and in their dreams.

8 The anxious behavior of the mobile infant is the prototype of later agoraphobic behavior. The motor aspect of hysterical identification may find its prototype in imitative identification. The anxious or excretory behavior of some children, with incomplete consciousness during the night and amnesia for the incident next morning may be the prototype of adolescent or adult somnambulism. The compulsive neurotic's repetitiveness, as well as his tendency to solve conflicts through motor activity, the acting out of many psychopaths, and the psychomotor excitement of

manics show parallels with the motor phase of infantile development. The motor manifestations of some schizophrenics show a revival of infantile motor patterns, symbolic action and a motor expression of the tendency to withdraw from the world. In terms of the psychoanalytic genetic theory, the syndromes mentioned contain varying degrees of fixation at or regression to the motor level of development as part of total reactions of defense, compensatory devices and substitute gratification.

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# LIBIDINAL PHASES, EGO DEVELOPMENT, AND PLAY<sup>1</sup>

LILI E. PELLER (New York)

Freud derived his basic concepts mainly from the study of dreams, daydreams, neurotic symptoms, the phenomena of parapraxis, wit, and, last but not least, play. He deals repeatedly with the dynamics of play and also makes many incidental remarks about it. Waelder presented a psychoanalytic theory of play in 1932. To our knowledge, Waelder's presentation is the last systematic approach to play in psychoanalytic literature. Several excellent papers, among others Bally (1945), Erikson (1937, 1940), Hendrick (1943), dealing with one or another of its aspects have been published since, but there has been no attempt to fit the wealth of observational data into a larger conceptual framework. This may be due to a feeling that *play* is a descriptive term, more at home in academic than in dynamic psychology.

We believe that a study of the dynamics of play, of the motivations for play, of its changing form, style and range, offers increased insight into the interdependence of libidinal and ego development. The recent emphasis on direct observation of children may be expected to lead to a revival of interest in play.

In this paper we are not offering anything entirely new on play, nor are we attempting to revise the Freudian theory of play as presented so lucidly by Waelder. All we intend to do for the present is to apply some of the theoretical formulations laid down by Freud in *The Ego and the Id*. That is, we shall attempt to synchronize the psychoanalytic theory of play with our current psychoanalytic insight.

Waelder (1932) characterizes play as a method of "assimilating piece meal an experience which was too large to be assimilated instantly at one swoop" (p. 218). An event becomes traumatic because there is "an onslaught of more events in a relatively brief interval of time than could

<sup>1</sup> Presented at the June 1954 Meeting of the New York Psychoanalytic Society (A first draft had been presented at the 12th International Psychoanalytic Congress, London, July 1953.)

be endured by the immature organism (p 217) The subsequent playful repetition enables the child to deal again with the painful situation and to turn from passivity to activity Waelder describes the various ways by which this can be achieved The child may change the roles in reality he was the suffering party or an anxious onlooker in his play he turns aggressor In another form of play the child changes the outcome of the situation providing a happy ending to an episode which had an unpleasant outcome in real life Finally the very fact that an experience which was endured in reality is re-enacted in play constitutes a switch from passivity to activity

The compulsion to repeat a traumatic event explains play activities carrying the greatest emotional intensity the highest cathexis yet it covers only a small portion of the many forms of daily play

In this study we consider play as instigated by the ego in its attempts to deal with blows or deprivations exerted by reality as well as with pressures originating in the id or the superego According to A Freud (1900) the ego reacts with anxiety when it finds its existence or integrity threatened by dangers in the external or internal world Such dangers can arise (a) from the strength of the instinctual demands themselves (b) from instinctual demands which involve the individual in conflicts with the environment (c) from instinctual demands which involve the ego in conflicts with the superego as representative of environmental forces Provided this anxiety is of low intensity the ego may turn to play e.g. to a fantasy which carries a tendency toward action and which is gratifying yet compatible with reality and superego requirements Another prerequisite seems to be that the underlying conflict or its extent remain unconscious

With Waelder we hold that the central function of play is gradual assimilation of anxiety of a blow But we also include anxiety arising from intersystemic conflicts Play then alleviates anxiety However there are also play forms in which this function is marginal Such play simply repeats or confirms a gratifying experience

Before discussing specific types of play we shall deal with a few of its general features In psychoanalytic literature the term play is at times used in a far broader sense than at others We have adopted the broader meaning our concept of play being approximately coextensive with the popular notion play Statements about play are sometimes couched in such terms as to exclude play activities of adults Although adults have a smaller range of motivations for playing they do play and they seem to play more at the present time than ever before Our survey is focused on children's play without excluding adult play

All play brings wish fulfillment, pleasure, elation, a feeling of euphoria, well being, a *Spieltausch*. Play, however, is not a direct manifestation of the pleasure principle. It is an attempt to compensate for anxieties and deficiencies, to obtain pleasure at a minimum risk of danger and/or irreversible consequences. Play is a step toward sublimation. The direct discharge of sexual or destructive drives is not play, but sexual and/or destructive elements enter into all play.

All play implies turning from a passive, receptive role to an active one. But this is not specific for play, it is rather a general principle of child development, as Kris (1951), quoting Freud, has reminded us recently.<sup>2</sup> Kris (1934) has coined a very expressive term to characterize creative or artistic activity: regression in the service of the ego. The same might be said about play. Ego and id are on excellent terms in play. Play ceases to be play when the child loses his ability to stop *when he wants to do so*, when he becomes glued to one phase, to one episode. *Play then has become a phobic defense*. Frozen modes of behavior, obsessional rituals, phobic mechanisms obviously are not play, although they may have started as such. The adult watching play with benevolent interest quickly notices the transition.<sup>3</sup>

Small quantities of anxiety are mastered in play, but anxiety of high intensity disrupts play. A good example is provided by B. Bornstein (1935) in her analysis of a two-and-a-half year-old child who had a phobia of lying down in bed. The little girl's ability to communicate by means of language was of course limited, and play was used to approach the phobic content, to give reassurance, etc. The analyst reports from the first meeting:

Then in play I darkened the room with the window curtains and very quickly made it light again. I repeated this many times and had the child herself make the room light and dark, thus providing her with the twofold delight of a newly acquired ability to adjust the window curtains and a newly discovered knowledge that after the darkness comes the light. [At a later time] . . . when I placed a little doll in the lying position she began

<sup>2</sup>We add that it seems to be a general biological law, a principle not only of ontogenetic but also of phylogenetic development. Plants are stationary and await the arrival of food, whereas animals can move and actively search for it. Cold blooded animals depend on chance supplies of external heat, whereas warm blooded ones actively maintain a steady body temperature. Animals submit to many environmental deprivations which man overcomes.

<sup>3</sup>"The indulgent attitude of [the grown up] vanishes the moment that [the child] ceases to make the transition from phantasy to reality readily, without any delay or hitch, or tries to shape his actual behaviour according to his phantasies—to put it more exactly, the moment his phantasy-activity ceases to be a game and becomes an automatism or an obsession" (A. Freud, 1935, p. 92)

to scream in fear and to tremble with excitement. In the next days her phobia became more extensive so that no object in her presence could be placed in the lying position without arousing her anxiety and restlessness. [And again after a number of sessions ] She began to be somewhat more cheerful and active and allowed any object to be laid down in her presence even though it still made her anxious. Then in play the little girl tried to stretch herself out on the floor but in so doing was seized by so severe an anxiety attack that she relinquished this play for several days [p 106]

As is well known unconscious impulses can be acted out in play without reaching awareness. Further exploration in this direction could lead into interesting territory but this would go beyond the scope of this paper.

We speak of play as long as the actions are initiated and terminated at will. In true play the fantasy is more highly cathected, more important to the player than the result of his motor action. (Games are excepted from this rule.) Play has a *cathartic* function; it serves as a safety valve for pent up instinctual pressures. Here as in other respects, play fore shadows the functions which the arts have in our psychic economy.

Play is indicative of the ego's resilience. In later life the mature ego will act as a mediator between the demands of the id, the superego and reality. We have in mind an ego function closely related to Nunberg's 'synthetic function' or Hartmann's integrative function. The first successful mediations are achieved in play and they are brought about by a mediator far weaker than the contending parties.

Each libidinal phase has focal anxieties and deprivations. There are frustrations and anxieties concerning the *body*. The awareness that our body is not at all times a perfect instrument to implement our wishes must come early, probably long before the end of our first year of life. The relationship to the *preoedipal mother*, the all powerful mother as she is perceived, brings specific frustrations and fears. In the *oedipal period* the child is under the strain of instinctual drives which are incompatible with reality and even incompatible with one another. The oedipal tensions lead not only to the well known inner conflicts; they also instigate and accelerate intellectual developments. Moreover a wide variety of play activities assists the child in overcoming the blows and disappointments he suffers and also in cementing his defenses against oedipal entanglements. In the *postoedipal years* the dominant apprehensions concern *superego figures* and his own exacting conscience.

Each libidinal relationship causes anxieties or, to put it differently,

each is harassed by deficiencies. Play is instigated in an effort to deny them, or to lessen them, or to work them through. Thus various types of play can be characterized by specific anxieties and corresponding fantasies. While these types of play have many similarities—they use the same material, and, in part, have comparable “secondary play gains”<sup>4</sup>—they differ from one another in style, in social aspects, and in other respects. In order to gain a perspective on the various characteristics and meanings of groups of play, their differences and similarities, we have arranged them in the table given below. Needless to say, such a schematic presentation oversimplifies and even distorts developments which are slow and continuous.

With the appearance of chronologically later play groups, the earlier ones do not disappear. They persist or undergo modifications, reappearing in more complex and lengthier versions reflecting the child's progress of ego development. This is especially true of Group I. Fantasies of increased (or changed) body power and skill are incorporated in all play. Some play activities of Group III come to full blossoming only in early latency, e.g., after the appearance of Group IV. Of course, play forms of different types combine with one another and they also merge with other activities. Table I (p. 183), presenting selected relevant features and typical examples, does not attempt to cover the vast field of play activities.

### *Group I: PLAY ORIGINATING IN THE RELATIONSHIP TO ONE'S OWN BODY*

We preface the discussion of the characteristics of this group with a few play observations drawn from various sources, all of them antedating this study. A wider range of examples would be highly desirable but space does not permit it.

#### *Examples*

For two months, a three-year-old boy was frequently occupied with games of ‘making coffee.’ These sometimes bordered on compulsive behavior in the intensity of emotion he showed while playing with them, and his resistance at times to distraction. His favorite of many ways of ‘making coffee’ was by manipulating three ashtrays in imitation of a Silex machine, but he reduplicated this with many materials. He poured sand on his head and called it ‘making coffee,’ he pushed the dog into the piano and called it ‘making coffee,’ he slid down his father's back and the backs of chairs and called it ‘making coffee.’ There were many anal associations to the game and

<sup>4</sup>Our term “secondary play gain,” analogous to Freud's “secondary gain” in neurosis, is helpful in the analysis of play and in integrating findings of other schools of thought with our findings.

# SURVEY OF PLAY ACTIVITIES

CENTRAL THEME OF PLAY OBJECT RELATIONS:		DEFICIENCIES ANXIETY (Gen + I)	COMPENSATING FANTASY	FORMAL ELEMENTS STYLE	SOCIAL ASPECT	PLAY MATERIAL:	SECONDARY PLAY GAINS
Group I	Relation to Body	My body is no good I am often helpless	My body (its extensions) replicates (pos & neg) variations is a perfect instrument for my wishes Imagery of grandeur of perfect being	Hallucinations (pos & neg) rather than fantasies Imagery increases pleasure persistence	Solitary	Extensions & variations of body functions & body parts.	Increased body skills & mastery Initiation into active search for gratification
	Anxieties concerning body						
Group II	Relation to Procreant Mother	My Mother can— desert me do as she pleases	I can do to others what she did to me I can go on (or quit)	Short fantasies Endless monotonous repetitions. Few variations No risk, no climax no real plot Tit for tat	Solitary or with mother Other children rank with pets or things—not as co players Sporadic mirror image play	Maternal play with dolls stuffed animals with other children, and mother herself. Peck a boo Earliest tools	Rage anxiety mitigated by ability to bear delay, frustration Initiation into lasting object relation
	Fear to lose love object						
Group III starts about 3 years	Oedipal Relations & Defenses against them.	I cannot enjoy what grownups enjoy	I am big I can do as big people are doing Family Romance	Spontaneity Infinite variety of emotions roles plots settings. Time is telescoped In later times Drama risk	Early co play Attempts to share fantasy Fantasy always social Activity may be solitary or social	Dollplay wide variety of events of father mother nurse magician, etc) Creative play Imaginative play Use of emblems, props insignia	Preparation for adult roles Co play prepares to work Initiation into adventure accomplishment.
	Fear to lose love of love object						
Group IV starts about 6 years	Sibling Relations	I am all alone against threatening authority	Many of us are united We observed rules conscientiously I can live many lives.	Codified plot & roles Importance of rules program rituals formed elements Reciprocity (Playset)	Organized co play Fantasy tacitly shared	Team games Board games Organized games.	Dissolving oedipal ties Co operation with brothers with followers & leaders experienced as gratifying
	Fear of superego and superego figures	I cannot start all over again				Games with token armies.	



during this period he was specially interested in his own 'ga-ga' (faeces or anus) and those of animals, trolley cars, other people, etc. He sometimes called coffee 'ga-ga.' He talked about 'coffee go in at top, come out below' Anal fantasies were the most constant associations to these games, but they were not the whole story. [Hendrick, 1942, pp 53-58]

Some children at this period (beginning of the second year) for a while disregard all toys and show little interest in their companions they behave as if they were drunk with the idea of space and even speed, they crawl, walk, march and run, and revert from one method of locomotion to the other with the greatest pleasure These children mostly use toys where they can include them in the continual game of moving Chairs and pots are not used to sit on but are propelled about the room Soft toys and animals on wheels are 'taken for walks' balls are followed, and some children, after they have once gained an easy balance, show special pleasure in moving a toy along in each hand while they move themselves Sometimes for an hour on end the whole population of the Junior Toddler room is on the move, circling around, crossing and recrossing like people on a skating rink. [A. Freud and D Burlingham, 1944, pp 15-16]

The basic topic of these play forms is the parts and the functions of the body which the child paraphrases, varies, or magnifies The deficiency or anxiety which he experiences may be expressed as "My body is no good, I'm helpless", and the compensating fantasy may be "My body, (its extensions, replicas, variations) is a perfect instrument for my wishes, my orders" In this play the child obviously enjoys smooth easy performance and functioning as such The accompanying fantasy does not tell a story as in the later groups of play Rather there are vague images of grandeur or of perfect ease, and they account for the feeling of elation accompanying the play

The toddler comes up frequently, or should we say incessantly, against the limitations of things he cannot do, either because he is not yet sufficiently skillful or strong, or because he risks punishment. Thus he begins to pretend, that is, to do things which are symbolic for a function of his body which he cannot yet enjoy or exercise, at least not to the desired extent. For instance, he does what he did before, but substitutes a socially accepted substance for the waste product of his body He uses displacement. The most obvious example is play with sand, mud, and water. Another kind of earliest play deals with variations or extensions of his body, supporting a fantasy of great strength A shovel is a more efficient scoop than the hollow hand. A wooden block is a better hammer than his fist. A ball skips and rolls without danger of a painful fall or bruised knee.

Implements used in play are at first experienced as substitutes for or improved versions of body parts rather than as tools (see preoedipal play). They become a part of the body ego—hence they retain a high narcissistic value in the adult's unconscious.

As we grow up, our body, our muscular apparatus becomes a far better executant of our wishes and orders, but it always remains far from the perfect instrument. Hence fantasies of greater skill or potency persist throughout our lives.

A brief reference to some of the patent *secondary play gains* may suffice: this play brings increased body skill and mastery. Play of any kind yields *functional pleasure*. This concept was introduced by K. Groos while the term was coined by K. Buehler. Any observer of a child's play can confirm that it is an excellent descriptive term. In the play activities which paraphrase, vary or magnify parts or functions of the body or deal with their repercussions or counterparts in the outer world, functional pleasure is an even more conspicuous phenomenon than in the later play forms.

Earliest play merges almost imperceptibly with non play. This is one point on which observers of all schools of thought agree (see Groos, 1922, Piaget, 1952, 1953). The experiences of the preverbal period must needs remain subject to speculation. For this and also other reasons earliest play forms may be considered a *prestige* of play. Jekels and Bergler (1940) speak of a *prestige* of the dream and we are following his model of thought. According to Jekels' thesis the earliest dreams are not guardians of sleep, to the contrary, their function is to remind the sleeper of life's enjoyments to awaken him. Without this call he might remain immersed in sleep and never awaken. In a comparable way the earliest play may have the function of providing pleasure pure and simple, not of achieving a compromise between the demands of drives and the dictates of reality, as does later play.

## Group II PLAY ROOTED IN THE CHILD'S RELATIONSHIP TO THE PREOEDIPAL MOTHER

### Examples

a. Rose, 20 months, looked on with interest when several children had their noses wiped. Suddenly she picked up an old envelope, ran from one child to the other and wiped their noses with it.

b. Paul, two years, loved to comb the other children's hair, disregarding the fact that they disliked it. He rushed from one child to another and maltreated their hair with a comb. There was only one child who did not mind, Larry, twenty months. Thus whenever Paul had made a child cry

with his combing, he ran back and combed Larry, before he attacked his next victim. This game continued sometimes for several minutes.

c. Rose, twenty-one months, asked urgently "more, more," when she had finished her first helping. The nurse, who was feeding Christopher, sixteen months, next to Rose, left the table to fetch Rose's second helping. Rose immediately picked up the spoon and continued to feed Christopher.

d. Stella, eighteen months, was sitting next to Agnes, fifteen months. She heaped up a spoonful of food and put it into her own mouth, then she pushed an empty spoon into Agnes' mouth. This she repeated several times until she finally emptied the whole contents of Agnes' plate into her own [A. Freud and D. Burlingham, 1944, pp. 30-31].

Another example is the famous play with the bobbin quoted by Freud in *Beyond the Pleasure Principle*. The child who is often left alone begins to throw a bobbin out of sight and pull it back; he also makes his own image in a mirror disappear and reappear. In this category also belongs the peek-a-boo game played by infants all over the world. Many languages possess endearing terms for this play (e.g., "guck-guck" in German).

This group of play fantasies centers around the *preoedipal* mother figure who is the unfathomable source of comfort as well as of fear and terror. The central formula is: "I can do to you what mother did to me." The child makes his doll, or his teddy or a smaller child the recipient of maternal care.<sup>5</sup>

In hide-and-seek games he paraphrases her coming and leaving: "I can leave you as you left me." Running away and hiding behind a table or a curtain, he challenges his mother, playfully slipping out from her domination and protection.

Let us look at the style of this preoedipal play. There are countless repetitions with scarcely any variations. The underlying plot is extremely simple, it can be all told in one short sentence; maybe it is not even a real plot. The adult who plays with the child gets bored and tired long before the child has exhausted his desire for repetition.

Most preoedipal play appears monotonous to the observer because the underlying conflict is so simple, so monolithic. It is all based on one formula: Tit for Tat. There are only two actors, and all of the child's feelings are riveted on one person—his mother. He loves and fears her; he wants to have her all the time—to be like her, but also to replace her. The conflicts are not subtle, the player does not weave any risk or drama into

<sup>5</sup> "... indeed the child plays the rôle of the mother not only toward itself but also toward other children, animals, and toys, and ultimately and above all toward the mother herself" (Brunswick, 1940, p. 293).

his play acting. The mood of preoedipal play is often sober, serious, almost businesslike. All these characteristics are in direct contrast to the endless variety, the happiness, and the imaginative levity of later play on the oedipal level.

*Social aspects.* The child plays alone or with his mother and when other children are drawn into the play they serve as dummies rather than as co-players. The actively playing child often seems impervious to their mood and their reactions. (See example b pp 185-186.)

The first animal play appears in the preoedipal phase. Roles of animals will remain convenient and well liked vehicles but their symbolic meaning will change completely according to the age level of the players. The toddler knows one relationship, i.e., that to his mother. Now the image of the preoedipal mother can be cast on an animal without deleting essential traits. Hence animals may arouse great tenderness, or fear, admiration, or hilarity. This may partly account for their popularity in toys, picture books and nursery rhymes.

There is also preoedipal play without the dynamics of retaliation: the playful caressing of the child's body and the joking play with his hands or his face—naming the parts or enacting a little story, as in 'this little pig ate roastbeef'. The child feels that his mother approves of his body, that his body is good and beautiful and that nothing is missing. Here our words may imply too much: we wish merely to convey the idea of the pleasure secured through this play and of the anxieties which are hushed.

We may make some speculative statements about the secondary play gains of preoedipal play. The child turns from the passive to the active role and by doing to others what the all-powerful mother has done to him, he can fathom his emotions of rage and anxiety. Rage is the most forceful, the climactic emotion of the preoedipal period (Brunswick 1940). Incorporating the good and the bad mother may help the child remember the good mother in times of distress and this in turn prepares the ground for an object relationship, e.g., for a tie lasting beyond the gratification of a need.

### *Group III PLAY INSTIGATED BY CONFLICTS ON THE OEDIPAL LEVEL*

Play activities originating at the time of the oedipal situation and through the oedipal tensions show a far greater variety. The typical play of, let us say four and five year old children has a high visibility and has been extensively discussed in academic psychology. For instance, the children play house furnishing a corner with some small pieces of furniture, doll dishes, small rugs etc. Or, they put on some pieces of adult

clothing or accessories and the insignia of a certain profession, and play doctor, cowboy, nurse, ship captain, etc. The trappings and the roles are taken from the outer world or from stories, but the problems the child tries to solve, the deficiencies for which he tries to compensate, are his very own.

The anxiety which this play undertakes to deny may be put into these words: "I am small, I am left out of the pleasures of the grownups," and the compensatory fantasy: "I am big, I can do what the adults are doing." Here we have the wish to which Freud gave central importance: to be big, to do as the big people do.<sup>6</sup>

The oedipal situation is, above all, the situation of the triangle (Freud, 1923, Brunswick, 1940). Relationships which were so simple in the preoedipal period now become entangled, aspirations soar and disappointments strike hard. The wide range of intense emotions is reflected in the vividness of play.

In many different settings, roles, and disguises the child pretends to possess privileges which in real life are reserved for adults, thus he derives satisfaction of his libidinal and/or destructive drives. On this level the playing child has the greatest leeway for his fantasies, his play activities are colorful and imaginative. His acute conflicts, his keen intelligence which is not easily led astray by conventions, impart to his play a vitality and a naïve urgency which become tempered in older children. The directness of the invented play situations, the intensity of emotions delighted observers long before the days of child psychology. It is not surprising that most of the play described in literature belongs in this group and that the term "play" is at times used as if it comprised only this group.

In one kind of oedipal play, the so-called dramatic play, the plot may be involved and tell a complete story. The play may have direction, successive stages, and later on drama and suspense. We observe a great deal of spontaneity and unforeseen developments. The average observer, that is, the observer with no special psychological interest, is charmed by the children's vitality, their facility of invention. Hence this type of play is so often remembered in autobiographies or described in poems, and in the belles lettres. The deeper reason why the adult is delighted to watch this role play is that the playing children have put themselves

<sup>6</sup> "that all their play is influenced by the desire which dominates this period of life: namely to be big and to do what the big people are doing" (Freud 1920). See also a very similar statement in "The Relation of the Poet to Daydreaming" (1908).

in the place of the envied adults, have taken over their privileges and enjoy them without guilt feelings

The mood pervading oedipal play is usually one of happiness, even of triumph, of a naive invincibility. As Freud (1917, p. 367) puts it, ". . . he who has been the undisputed darling of his mother retains throughout life that victorious feeling, that confidence in ultimate success, which not seldom brings actual success with it." The feeling of happy conquest which the mother's loving indulgence imparts to the favorite son is sought by every child in his oedipal play fantasies. Here every player becomes the hero whose wishes command fate.

In the oedipal phase the child also copes with intellectual problems which he cannot solve even if adults give him answers that are factually correct. This tension leads to developments outside the realm of play: the child's curiosity is greatly stimulated, he asks many questions and he learns a lot. But curiosity also leads into playful activities—riddles with surprise answers, tricky problems, and puzzles, and he begins to like witty rhymes, jokes, and puns.

*Social Aspects* here several children share plot, plan, and play action, at least they make attempts at sharing them. They may form what Freud called a "closed system," or they may miss one another's intentions. In any case they attempt to communicate their ideas to one another and to co-operate, in marked contrast to preoedipal play.

They use props and emblems to support their fantasies. In preoedipal play the child used the simplest and crudest kind of tools, for instance, a stick, a spoon, a crumpled piece of paper, a mirror, but he did not arrange or invent any scenery, costumes or insignia. His fiat "I am the mother," was enough, there was no need to support the illusion by dressing up to fit the role.

Oedipal play which is carried out with such great investment of affects, efforts and intelligence, leads to a wide range of secondary play gains. Let us first refer to the formulations of academic psychology which are very much to the point: through his play the child prepares for adult roles and functions, acquires skills which in his society will be useful to the future adult (*Play theories of Darwin and Groos*.) But his play also yields an immediate gain: the tensions, the frustrations of the oedipal situation are alleviated, at least temporarily. As Greenacre (1948) puts it: "A generally expanding environment dilutes the genital urgency."

We have drawn the above examples from dramatic play. In other forms of play the kinship to the oedipal aspirations is less obvious. The child who takes tender care of a doll, pushes a toy engine, or erects a bridge also gains privileges which in real life carry the sign "Children

Not Admitted" Tentatively we would say that all play in which the child does not merely dabble with materials but creates or constructs something is rooted in the strivings and the defenses aroused by the oedipal situation

Creative achievements in the arts and sciences reached in later years are considered sublimations It seems justified to consider childhood play, which is truly imaginative and shows glimpses of creative ability, as related to oedipal sublimations

We cannot here enter into a discussion of play forms and fantasies based on defenses against the oedipal entanglements, e g, the family romance and its offshoots Some of these developments appear in day dreams spun out in children's literature The family romance proclaims "You are not my real parents" This may lead to the next stage 'In my search for them I must go far and wide,' and this kindles interest in far away countries and remote times Or it may lead to the rebellious and self assertive fantasy 'I don't need my parents, in fact, I don't need anyone I can get along all by myself' In this context, Robinson Crusoe or Tarzan becomes the child's favorite story The manifest content of these adventure stories describes the hero's survival as due to his valiant efforts, his courage, and inventiveness On a deeper unconscious level he has rejected (or lost) his parents and his home to return to nature, that is, to the idealized image of the omnipresent, bountiful early mother Twin stories are well liked by young children and they may represent another ramification of the family romance an alter ego lessens the importance of parents, makes it easier to turn away from them (Burlingham 1945)

#### *Group IV POSTOEDIPAL PLAY*

Activities in this group include team games such as baseball, croquet, football, and also ten pins, dominoes, cards and board games There are also less highly organized games like cops and robbers and hide and seek

This type of play differs in some essential points from all previous groups, and the English language confirms our feeling of these differences by according to it a special name, i e, 'games'<sup>7</sup>

For the preschool child, members of his immediate family are the hub of his emotional world At the age of five and six he seeks in various ways release from these attachments which have caused him so many painful

<sup>7</sup> Incidentally as far as we know only the English language has this special term (nearest to it is the ancient Greek *agon*) This is probably connected with certain sociological developments in the history of the Anglo Saxon orbit Many of the technical terms used in games such as fair play handicap umpire have been borrowed by other nations

disappointments. He turns to the fantasies of the family romance and also to organized games which offer him group attachments and mutual identifications with his playmates. Such feelings become the guiding stars of his play as the pretended adult role was the sun of his earlier play. The early make-believe castles were jerry built and collapsed ever so often. The goals of latency play are more reality adapted for two reasons: the older child has greater abilities and he aims at far more modest targets in his play fantasies.

It is customary to state that the child leaves the oedipal attachments for biological reasons and because of past frustrations. We would rather borrow a metaphor which Freud uses in another context: the tourist climbing the high steps on the pyramids of Gizeh is pushed from behind and pulled from the front by the escorting dragomans. The six-year-old who in our society enters school is also pushed and pulled. Biological reasons and repeated disappointments push him out from his early paradise while beginning libidinal attachments to his playmates and to new father figures (teachers, older friends, etc.) pull him forward.

The games and sports played in teams are based on the fantasy of belonging to a group of brothers mutually and jealously guarding their prerogatives or of following a chosen leader. Needless to say that with this leitmotif fantasy other fantasies may coexist.

In the early post-oedipal years there are also other pastimes. Anal sublimations appear on a higher level. Collections with their competition and bartering with cheating and prodigal donations lead to cliques and countercliques, to deeds of love and envy. The world of his play interests engulfs the child with new hopes, new disappointments and gratifications. Secret societies are formed, hobbies become important.

Here we shall discuss only the dynamics of games. The underlying anxieties are unconscious. If they reached awareness they would not instigate games. But if we as analytic observers put them into words they may be phrased as: "I have to face authority threatening dangerous authority all by myself" or "I cannot go back and start all over again."

The formulas of the compensating fantasies run about thus: "I am not alone, there is a group of us and we are all united," or "We observed the rules to the letter. Strict rules are the backbone of games and the players recognize them as absolute for the duration of the game. Their meticulous observance gives independence from external superego figures. Or finally: 'I can start all over again as many times as I want.' To express it more forcefully: 'I can live not one but many lives.' The



eventual end is pushed far away. The last formulas approximate more the fantasies of adults than those of adolescents.

The contrast with oedipal play is striking. There, the future was anticipated, transplanted right into the present, so to say, time was speeded up, telescoped. In games, time is treated differently. The clock is turned back, and the player returns to the beginning as many times as it pleases him. In reality one life course is allotted to each of us, one beginning and one end. The essential feature of games is that a new round can be started over and over again.

Another important aspect of organized games is that they foster identification with equals. In the oedipal phase the child identified with his father, now identifications with his peers come to the fore, and the family entanglements recede in importance. Homosexual strivings are channelized in team games.

A few comments on the *social aspects* of games: here the players definitely form a 'closed system', co-operation is well organized and must run smoothly or the game will be disrupted. In oedipal play, the players can miss one another for quite a while in their plans and in the meaning they give to roles and plots and yet go on playing happily 'together'. In games, the underlying fantasy is tacitly shared and carries but little emotional cathexis. This again is in sharp contrast to oedipal play with its affect loaded fantasies.

A team in organized games of basketball, football, etc., represents a group of watchful and loyal brothers. Board games are one step removed from this arrangement: each player has at his command a group of faithful henchmen, a token army—the chessmen, checkers, domino bones or the handful of cards.<sup>8</sup>

The plot is codified, and the roles too are frozen and conventional. Rules, ceremonies, rituals, are essential elements of all games. Formal elements are dominant.

Thus it may be, and often actually is, more important for a player to observe the rules than to attain victory. As long as both parties have observed the rules, they remain equals and friends. Winner and loser return to their initial equality, they shake hands. This custom does not indicate the winner's modesty or condescension, it is a ritual needed to re-establish the identification of all participants.

In contrast to oedipal play the players in games have little leeway for their actions: the plot follows a traditional pattern, it runs on tracks, unforeseen developments are limited to a narrow margin. The difference

<sup>8</sup> we often find then that this hero can carry out his task only by the help of a crowd of small animals such as bees or ants" (Freud 1921 p. 114).

in the inner world of the child in the oedipal phase and the child in latency is reflected in their play activities. On the oedipal level play actions are confabulated on the spot and thus they express so well the emotional tensions and conflicts of the child and provide relief. In contrast, 'games' are not personal creations but traditional forms which are passed on from group to individual and from group to group. They lack the quality of spontaneity which seems one of the essentials of play. Yet another criterion is even more important: team and board games assist the player in dealing with his own personal conflicts. The young child gains a respite from his emotional entanglements through play fantasies because he invents them *ad hoc*—just to suit his immediate pressing emotional needs. The latency child in whom defenses have overlaid the oedipal strivings is helped by games precisely because their underlying fantasy is not spontaneous and not improvised, but impersonal and conventional.<sup>9</sup>

The backbone of games is competition. Rivalry and competition have appeared earlier in the child's life, in the oedipal phase, but there is a basic difference between this earlier competition and the later kind. Rivalry with father and/or siblings in the family is painful, but rivalry with playmates is by no means entirely unpleasant. Oversimplifying the issue, we might say: if competition at home could be eliminated, the competitor who wins the whole field for himself would be pleased. The opposite is true for the playfield: many of the things for which the playmates compete would lose their flavor if others were not competing for them. The see-saw of competition in games is rather pleasant, and even defeat is comparatively insignificant as long as it has been incurred according to the 'rules'. This is the salient point: the importance given to the formal elements of the game takes the sting and the shame out of defeat. This shift in focus impresses us as a protective device.<sup>10</sup>

The playing contestants strive for ascendancy during the game, but with each new round or new game they return to their initial fictional equality. The principle of 'fair play' is an offshoot of the striving for equal status. Its furthest development is the *handicap*. A measured and

<sup>9</sup> An analytic study of various board and card games such as old favorites as chess, checkers, dominos, etc. and also of the team sports could provide important clues for our understanding of ego and superego developments in latency and maturity. Here we confine our discussion to a few general characteristics.

<sup>10</sup> In *The Passing of the Gentleman* W. N. Evans (1919) discusses the conception of chivalry and states that under certain conditions "honorable defeat" was preferable to inglorious victory. The aim of the rivalry was not victory at any price but the narcissistic satisfaction of proving one's own manhood. (p. 23)

timed inequality is introduced in order to offset superior strength or skill of a participant or a team. The function of the handicap is to create an ideal equality of the players for the duration of the game, since in typical games victory would be without value unless attained on this basis of equality.

The libidinal goal of one period of life may become the content of a phobia shortly after (Freud, 1909). Kris (1938) points out that sometimes the object of anxiety of one period becomes the material for jokes and witticisms of the next. We add that a source of anxiety in one period of life often becomes the favorite play material of the slightly older child. The very young child wants to hear the *same* story told in the same way over and over (Freud, 1920). The unfamiliar causes displeasure, but shortly afterwards, in the early postoedipal years, new stories dealing with a wide range of adventures are well received. A similar reversal can be observed in the way some games are played, e.g., hide and seek (Peller, 1952).

Banding together with equals, maintaining loyalty to the team, observing rules, and observing every one else's observance characterize many play activities of latency and adolescence. This mutual identification prepares the child for the loosening of his oedipal ties. Games are primarily the pastimes of boys and one reason for this situation may be that the oedipal ties of the girl do not become so intensely taboo as those of the boys at the threshold of latency. Dissolving them is not as big and as urgent a task (Freud, 1931, Brunswick, 1940).

Let us glance briefly at other secondary play gains. Co-operation with peers, with a leader or followers, is a gratifying experience and is carried over from games into real life. The same applies to other socially approved attitudes (Piaget, 1932, 1952).<sup>11</sup>

The ego structures developed in latency are likely to lose their prominence and their rigidity in later years, but they remain part of our psychic equipment, and thus various types of codified games keep their attraction in later life. When the earlier groups of play reappear in later

<sup>11</sup> The first study of children's games—marble games as played by four to thirteen year-olds in certain parts of Switzerland—was presented by Piaget (1932). He not only records minute but significant details of the games and the exacting nature of the rules but also gives to the reader an almost first hand experience of how the children's verbal interpretations of these rules are reasonable and coherent for a long period then show inconsistencies and irrational elements which completely escape the young players' attention.

Piaget divides childhood play into three stages successively characterized by the use of *practice symbol* and *rule*. In their content these three stages of play correspond approximately to my group 1, 3, 4 whereas my group 2, i.e., play under the dominance of the relationship to the preoedipal mother, falls between Piaget's group 1 and 2.

life they use very different material, they show great differences in the material they use and in their style, whereas activities of Group IV remain relatively unchanged from their first appearance

We have pointed out a few of the characteristics of each group of play in the order in which they are presented in our table, that is, 'horizontally' A 'vertical' discussion of some points may be added

The guilt feelings inherent in fantasies are handled differently in different periods of life In the preoedipal and oedipal phases, the child neither hides nor displays his play fantasies, his attention is fully absorbed by his play The young child neither exhibits his play nor has he any intention of hiding it' (Freud, 1908) In contrast, the latency child feels ashamed of his daydreams and keeps them secret To this we may add besides his personal daydreams, the latency child has another type of fantasies But these are group fantasies congealed into conventional forms long before his time, hence they carry but little affect By and large they remain unconscious, but they are at the core of board games, team games, and the like

Oedipal play reappears in later life, as enjoyment of the drama, novels, ballads, etc The openness given to the fantasy counteracts guilt feelings and so does the emphasis put on aesthetic and formal elements Moreover, the author, actors, and audience share in the creative effort, in performance and enjoyment The listeners are by no means purely receptive, they provide the emotional resonance which is vital for the actor and the poet (Kris, 1952)

From one group of play activities to the other there is also a characteristic change in intentionality, preparation, and termination

In the first group we gain the impression that the play activity is a chance event We observe eruptions, shreds of activity which are chiefly short, but may be surprisingly long They happen without any preludes

Likewise, no behavior is observed heralding preoedipal play The child plunges into his play and the observations reported, e.g., in *Infants Without Families*, convey this abrupt beginning and end However, the

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Thus when it is a straight tit for tat for instance the child who just was fed picks up the spoon to feed another child it would come under the heading of play which is sensorimotor practice because the child's action is "only a reproduction of itself" but if the child takes a piece of paper and pretends to eat it (Piaget 1952 p. 96) he uses an inadequate object to present an absent object—hence there is the beginning of make-believe and thus symbolic play"

These remarks merely point to superficial similarities and differences between Piaget's grouping of play activities and a psychoanalytically oriented survey Piaget's conception of play his choice of criteria differs basically from ours and only their exhaustive presentation can do justice to his consistent, imaginative and highly perceptive studies.

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skilled observer who knows the child, that is, his behavior in the immediate past, his mood on the day of observation, can with certain probability foretell the duration of a play form and the course it will take without outer disturbance. No such prediction was possible in the previous group.

*Oedipal play* has rudimentary or elaborate preparations. The co-players communicate to one another the theme of play or their plans, or the entire plot may be rehearsed before it is mimed. The playing children take time out to dress up, to assemble scenery and implements, and to assign roles. Only after these preliminaries does play proper start. The play itself may have direction, successive parts, entanglements leading to a climax—in short it is structured and not a stretched-out, amorphous repetition, which is broken off by a chance distraction or by fatigue as is the case in preoedipal play.

In *games* the immediate preparations may not be more elaborate than in oedipal play, but there are remote antecedents. The plot, the roles, and the rules need to be told to the beginner only, the seasoned players are familiar with them. The props, the attire, the insignia, are not improvised immediately before the game starts, they are part of the child's social heritage. The time and location of the game may also be subject to long term planning.

In conclusion, we return to a classical interpretation of a classical play memory. You are familiar with the play incident Goethe mentions from his earliest childhood—throwing all his mother's dishes out of the window—and with the interpretation given to it by Freud (1917) eviction of an unwelcome newborn brother. We wish to draw attention to one detail of the story. The child had started his mischief by throwing out his own newly acquired doll dishes. It was the applause of his audience which seduced him into doing something really forbidden, namely, to break all the crockery he could reach on the kitchen shelves.<sup>12</sup> What would have been a rather insignificant, harmless play act assumed dramatic proportions on account of the acclaim of the audience—three middle-aged bachelor brothers seated at their window across the street. My neighbors continued to signify their approval and I was delighted to have amused them' (Freud, 1917, p. 358).

About earliest memories, Freud (1917, pp. 358-359) says 'It might rather be conjectured that what had remained in memory was the most significant element in that whole period of life, equally so whether it had

<sup>12</sup>Freud cites four other clinical examples of children throwing dishes and other household effects out of the window and in each instance the child acts out his own impulse and is not egged on or seduced by adults.

possessed such an importance at the time or whether it had gained subsequent importance from the influence of later events'<sup>13</sup> The choice of this anecdote as the introduction to his life history may not be unrelated to Goethe's vocation: the writer and poet gives symbolical expression to impulses that are socially not approved to guilt ridden conflicts. Actors, audience and poet exculpate one another.

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# THE FIRST TREASURED POSSESSION

A Study of the Part Played by Specially Loved Objects  
and Toys in the Lives of Certain Children

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*With a Preface by*

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So wherever I am there's always Pooh,  
There's always Pooh and Me  
'What would I do?' I said to Pooh  
'If it wasn't for you' and Pooh said 'True  
It isn't much fun for One but Two  
Can stick together,' says Pooh says he,  
That's how it is,' says Pooh  
(*Now We Are Six* A A Milne)

## PREFACE

In a paper read for the British Psycho-Analytical Society (1953) I drew attention to the importance of the first object used by the infant and the value that a study of such objects and of techniques employed by infants in the first months can have both in clinical work and in the elucidation of the theory of early object relationships.

The phenomena themselves are well recognized but it seemed to me that full use was not being made of them. In psychoanalytic literature there are a few references to objects employed early by infants in particular, Wulff (1916) describes the use of objects by certain infants but according to my view he does not draw attention sufficiently clearly to the normal aspect of these phenomena. He puts special emphasis on the relationship between the object used by the infant and the objects that are important in fetishism and in fact used the term *fetish objects* thereby implying an abnormality which I think is not necessarily a feature.

In history taking it is very valuable to inquire into the use of transitional objects since mothers can remember these details and can compare their various children according to the techniques specific to each child. By remembering these early details they get into touch with the early stages of development of their children and usually they are not in any way disturbed by reminding themselves of these things. Usually parents will be found to be pleased that these early details are given full significance. In the same way it is surprising how many children can remember back to infancy along this channel, since the original object, where there has been one, is often still in use or is kept in the back of the toy cupboard or at the bottom of the drawer, or alternatively there is a poignant memory of the moment at which the object was lost, thrown away, given away, or confiscated. When children are drawing and describing dreams they can perhaps enjoy drawing this object which they know very well indeed and which they draw in a very realistic way, whether it be a piece of rag or a soft animal much the worse for wear.

This object, where there is an object, does come of course from the infant's environment, a part of the blanket or the fringe of a rug or a napkin or a piece of colored cloth may be adopted, or parents may supply just at the right minute a soft nondescript object. There is every room for variations according to whether the accent is on the infant's discovery or the parents' provision. What soon becomes clear, however, is that the object has a very great significance for the infant and that distress results if the object is not available. It becomes dirty and smelly from overuse and from abuse, and often parents find that they must not wash it or replace it in spite of strong views on hygiene.

It is important to note that this object is not part of the infant, like the fist or the thumb or the two middle fingers. Its use is related to thumb sucking. Some infants when sucking the thumb fiddle with the face with the fingers, or else while sucking one hand they twiddle their hair or a piece of cloth with the other hand. The use of the transitional object is more related to this affectionate secondary phenomenon than to the primary thumb sucking. Of course, in thumb sucking itself there are the two elements—the excited erotic and the quiet and more affectionate relating of the thumb to the mouth, or of the hand to some other part of the body.

The transitional object is also not the same as the next soft toy. It can be said that the next one must be acknowledged as coming from the world. The infant is expected to say 'ta' and in this way to make an acknowledgment of the gift. The transitional object comes from the environment, as we know, but it is essential to understand that from the infant's point of view it was created by the infant. There is no question

of saying "ta," because the object was in use before the word "ta" could be formulated and before the acknowledgment to the world had become meaningful. In respect of these *transitional* objects the parents, as it were, conspire not to challenge the origin. They easily see that the thumb is part of the child and that the next toy or teddy bear or doll is a gift, but with regard to the object in question they undertake to refrain from challenging the infant as to its origin. There is a madness here which is permissible because it belongs to this stage of the infant's emotional development. The madness is that this object is created by the infant and also it was there in the environment for the infant's use. The same thing a little later is called *pseudologia fantastica*, when a child of four years tells of a lion seen in the park, the parents know that just at that moment it is true for the child but also that it is not true.

In the paper referred to above I gave only one group of examples because I did not wish to detract from the observation that I was making that these phenomena are universal. There is, however, a very rich experience waiting for anyone who makes a collection of examples. I am in the process of collecting examples that have come my way in my clinic work, but I am hoping that my paper will stimulate others to collect examples, especially because in the work of collecting them they will certainly discover, as I have done, that this transitional area of existence between inner reality and external reality is a very important third aspect of life which is surprisingly neglected in psychoanalytic writings.

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### INTRODUCTION

Winnicott (1953)<sup>1</sup> has analyzed the significance of those objects—the blanket or the woolly or the soft toy—which are so often treasured and cherished by the infant or young child. He suggests that these objects are for the child the first unchallenged area of experience which is neither himself nor his mother.

Sooner or later in an infant's development there comes a tendency on the part of the infant to weave other than me objects into the personal pattern. Of the transitional object it can be said that it is a matter of agreement between us and the baby that we will never ask the question

<sup>1</sup> This paper has for its starting point Winnicott's article "Transitional Objects and Transitional Phenomena" (1953). It must, I think, be considered in terms of that article. It is impossible to do justice to Winnicott's study in a brief summary and I shall merely pick out what seem to me to be the vital points in relation to my own survey discussing later specific points with reference to material obtained.

'Did you conceive of this or was it presented to you from without? The important point is that no decision on this point is expected.

Transitional objects are in fact an entirely healthy and normal manifestation of the beginnings of the reconciliation between reality and fantasy: in normal children they finally lose importance with growing interests and awareness of the outside world. But Winnicott points out, they may and frequently do become a defense against anxiety and reveal the tension which the growth toward unity of personality—the fusion of fantasy and reality—must involve.

'Patterns set in infancy may persist into childhood so that the original soft toy continues to be absolutely necessary at bed time or at times of loneliness or when a depressed mood threatens.' This suggests that what begins as a progressive phenomenon in children's development may become, as the years go by, a regressive manifestation, in that at times of stress the child returns to the infantile object which comforts and relieves for a time the 'strain of relating inner and outer experience.' It may be, nevertheless, an entirely harmless and safe means of relieving anxiety in a healthy child.

Winnicott has emphasized that further study and illustrative material on this topic would be of value. All I have tried to do for this paper is to gather together as many and as diverse examples as is possible, within the marked limitations of time and scope, and to present them fairly with such comments as seem relevant and helpful. I am very conscious of the fact that the survey is adequate neither in quantity nor quality; full-scale research on the subject would be fully justified. From three months' study there is not enough material to make valid statistical conclusions, but there is enough to stimulate fresh thought about the topic, and to confirm many of Winnicott's points.

#### SCOPE AND METHOD OF THE INQUIRY

I decided to gather together as many descriptions as possible of these beloved objects and toys, to file them on separate cards together with any other relevant information about the family which could be obtained. This information was listed under the following headings: a description of the object—when it became important—for how long—how its importance ended—the uses to which it was put. The position of the child in the family was also noted with any other available information—siblings for example, and the general mental health of the family.

Various possibilities for collecting material were open to me, I could,

for example, have gone to a child guidance clinic or paid more visits to day nurseries. I decided, however, that neither child guidance clinics nor day nurseries would offer a fair and representative group of children. I was anxious to collect examples from mothers of widely differing social and educational levels and to concentrate mainly on what might be termed the 'normal home'. This would afford useful standards of comparison with the deprived or maladjusted child. For this reason it was decided to visit mothers' clubs in different parts of London, to talk to mothers known to me or to acquaintances and to get what information I could through *The Nursery World* which published a letter from me. The Research Psychologist at the Child Study Centre also very kindly agreed to let me study files at the Centre. The information presented here comes, then, from the following sources:

The Day Nursery, The Jewish Settlement, Stepney  
Wives Club, The Lady Margaret Hall Settlement, Kennington  
Wives Club, Bishop Creighton House, Fulham  
Young Mothers Club, Methodist Church, Kenley  
Young Mothers Club, Dockhead Club, Bermondsey  
Young Mothers in Lewisham  
The Child Study Centre, Corams Gardens (files)  
A Children's Reception Centre (files and P S W)  
Letters through *The Nursery World*  
Dr Barnardo's residential nursery  
Personal acquaintances  
*Parents' Magazine* (Letters received since completion of paper)

From these contacts between fifty and sixty examples have been obtained. They differ widely in the amount of detail available and the quality of the material from a psychological point of view.

#### MOTHERS' ATTITUDE TOWARD THE INQUIRY AND TOWARD THE SPECIAL TOYS

It was rarely difficult to make a quick and friendly contact with mothers on this subject. Although there were many mothers who could not recall their own children having had 'special' toys everyone could remember some child or adult for whom a piece of flannel or a teddy was of great importance, it was therefore comparatively easy to get a discussion going upon the topic. Mothers seemed everywhere to recognize that these adored objects could not be lightly dismissed and must be respected by the adult. The letters which came through *The Nursery*

*World* almost without exception emphasized that the child had never been forced to relinquish his comforter, whatever it may have been. It is interesting to compare this attitude, which might truly be called "mothers intuition," with an article written from the point of view of orthodontics to be found in the *British Medical Journal* for April 1951

Apropos of the thumb or finger sucking habit it should be remembered that this is only one part of a syndrome the other being the fumbling by the child's other hand of something warm and soft—a soft toy, a blanket, a woolly kept for the purpose. without which the child will not go to sleep. When trying to effect a cure, this always should be looked for and when possible removed possibly at the expense of one or two disturbed nights. I have known the deprivation of a "woolly" stop the habit without other means.

One may contrast this with David's mother who wrote of his "Own Pillow" to me

When will he give it up. I don't know but I do know that I shall never insist. I feel when he no longer needs it he will do so of his own accord. It is too deeply loved and has helped him through too many trials to be too easily discarded.

The view expressed here is one which was implicit in the remarks of nearly all the mothers to whom I spoke. Moreover, mothers seemed to sense that they themselves were in some way connected with these objects and many linked them with anxiety in the children. In one or two instances I saw children clung with exceptional fervor to their "teddies," etc., at an age when they should perhaps have been relinquishing them; it was obviously felt by the mother to be in part a failure in herself. Thus the mother of Mary wrote concerning 'Golly bear' 'I am convinced that the Golly filled the gap between my daughter and myself because at times I did not fill my role successfully.'

As one might have expected, however, the appreciation of the importance of these transitional objects was more clearly and readily recognized by intelligent mothers. Kenley mothers, for example, were more accurate and detailed in their reminiscences than mothers in Bermondsey,<sup>2</sup> though nowhere did I meet with a blank lack of understanding. Perhaps, apart from personal acquaintances the richest material came from *The Nursery World* correspondents. Here mothers who took the trouble to write at all, wrote fully and interestingly.

<sup>2</sup> Kenley is predominantly a middle-class area. Bermondsey, in the east end of London, is a very poor district, where social and educational standards are low.

Incidentally<sup>2</sup> many mothers associated in their conversation the topics of feeding and of imaginary companions with 'special' toys. This latter association of teddie or golly with the child's fantasy life interested me, it was clear that mothers were intrigued and puzzled by the imaginary companions which so many of their children had.

### CASE MATERIAL

Clearly, it is neither practicable nor desirable to describe in detail all the material collected. I decided therefore to give in full a few examples which might be considered 'typical'. It will be noted that the cases below are not for the most part spectacular. Such material may be valuable in that it may 'highlight' important aspects of the subject but it would be misleading to begin a survey with the abnormal and 'exaggerated' examples which have come my way. The main concern here is for the healthy, comparatively normal manifestations occurring in children who seem to be making a fairly successful social and emotional adaptation.

#### *Roy and "Say"*

Roy is seven years old. Say is a duster similar in texture to the cot blanket he had as a baby. As the dusters wear out, they are replaced. From the first few months of his life Roy clutched a blanket. As he grew older he used to struggle and kick as his mother put on his nappy. If he knocked it off the table his mother would remark, *Oh I say*, and thus she thinks arose the name of the object which did not, however, apparently refer to the nappy. This was when Roy was about eighteen months. As the cot blanket wore out it was replaced by dusters which became all important at nighttime and even during the day. When he is upset he asks at once for Say even before his mother. Sometimes Say is just held, at other times he sucks one end. Roy still clutches Say everywhere he goes—even to school and Sunday school. If asked to put Say away by the teacher he will do so for a moment but almost immediately—as if compulsively—he is holding Say again. He is resigned now to the fact that it must periodically be washed but resented it at first.

Roy is the eldest. He has a younger sister a year old. Until her birth he was the center of attention with rather elderly parents and two devoted aunts nearby. He is a rather nervous, disobedient little boy who is something of a trial to his teacher. His mother struck me as somewhat anxious and harassed. She was concerned about Say especially as Roy insisted on having it at school.

<sup>2</sup> Apart from the main purpose of the survey the experiment was good experience in the making of easy contacts rather quickly. On the whole it proved more satisfactory to introduce the reason for coming fairly soon to be prepared to let the subject drop and return to it again as the natural flow of conversation required.



and wondered whether she ought to 'take him to a psychologist'—but this was mainly due, I fancy, to tactless remarks from neighbors

### *Jean and her "Pieces"*

As a baby Jean was given a real rabbit fur bunny, which was always in her pram. When Jean was about a year old, this disintegrated and she was given a woolly, cuddly dog. As this gradually fell to bits Jean refused to have it sewn up but had the covering cut up into pieces and chose to keep a piece with her—chosen, she declared, according to which piece 'smelled nicest.' A chosen piece is carried around until it is lost or worn out—then another from the dwindling stock is selected. Jean is now six—and her "piece" is taken in her pocket to school every day. She sleeps with it just under her nose. While I was in her house she sat waiting for tea, gently sniffing the piece of fur. The smell is distinctive—a rather heavy, feminine perfume.

Jean is the youngest of three with sisters of twelve and eight. The eldest had a teddy which was greatly valued from eighteen months until six years, but Marion (eight) had no object at all. Marion was described by her mother as 'my problem', she does not make contacts easily, she is shy and 'alone.' Her mother said, 'She didn't have enough mothering.' Jean, however, and Barbara make contacts normally and easily.

### *The X Family: Mark, Susan and Anne*

In all, eleven most interesting examples came through *The Nursery World*. If space permitted it would be valuable to use them all. Below is the story of Mark (ten years), Susan (eight years), and Anne (four and a half years).

Mark sucked his thumb up to the age of four and a half, especially at times of stress and at nighttime. Before he was fourteen months old he drew up his topmost cot blanket with his left hand and sucking his right thumb, he entwined the blanket round his left fist. Then he beat his forehead with his muffled fist until he fell asleep. This blanket became known as his "Cloak" and accompanied him everywhere—in bed, on holidays, and so on. From the age of three he had as well a woolen squirrel which at night he swathed in the end of "Cloak" and tucked beneath him. Mrs. X comments on this "A complex because of my preoccupation with the new baby." When he was four, Mark said one day 'I think I'm too big for Cloak and I'm not going to suck any more—but I'll keep Squirrel.' He kept his word. When he was six, he had his tonsils out and came round asking for Squirrel when it was fetched he went to sleep peacefully. Squirrel is still important and sleeps with him every night.

Susan sucked her two middle fingers from the age of nine weeks, so vigorously she grew corns. She still does at the age of eight. As she sucked she used to pull on the sash of her nightgown. She outgrew her nightgown but was restless without the sash and could not sleep. Eventually a hanky was pinned to her nightgown and

she pulled that. Gradually the hanky was used for stroking and massaging her nose—the habit still persists. If she is tired she will lie on the floor and say "Lend me a hanky Mummy I want to suck." She is very particular about the texture—it must be very soft. She has separated her hankies into three boxes—labeled party, school and strokers, and a school hanky must under no circumstances be used as a stroker. She hates rest time at school because she is not allowed to suck and stroke. With the hanky she still strokes her upper lip the tip of her nose and her cheek.

Anne had no object until at twenty-one months after she had measles it was noticed that she was very attached to her cellular blanket which she had next to her face. She also sucked her lower lip till she went to sleep. At two and a half when we changed Anne into a bed with sheets she cried bitterly till she was sheetless again and beneath the familiar texture. She still insists on it at four and a half and holds it against her face.

As far as it is possible at all to judge from a written contact only this seems to be a happy and loving family. Mr. X is a clergyman. Mrs. X mentioned that she has had a devoted nanny to help with the last two children, Susan and Anne—not for Mark who had his mother's undivided attention.

### OBJECTLESS CHILDREN

I have given above examples without comment. Much that is significant and interesting will be referred to later in the course of discussion. But it may well be asked: what of the children with no specially loved toys or objects? Amidst all this discussion with mothers, relatives and friends one came, of course, in contact with those who said firmly that they or their children had cherished neither object nor toy in childhood. In many stable and happy children a transitional object may as Winnicott has pointed out, develop in less readily recognizable forms. Hence the fact that there was no Tissy or Teddy may have no significance at all in terms of psychological development for the transitional phenomena may have passed unnoticed. But there are cases where one feels that a conspicuous lack of any transitional object may be an indication of a deviation away from the normal, whether it be toward an extreme of dependence on or independence from the mother. Two examples may help to clarify this point: in both one may see the movement away from emotional health, although in opposite directions.

#### Churta

Churta is a child studied from birth to the age of five by the Child Study Centre. Detailed notes were taken on every possible aspect of his growth and development. It was specially noted that he had a dislike of soft toys almost

from birth and always rejected them. No objects of any kind were noted as with other children.

He is the child of Anglo-Indian parents. His relationship with his mother was from the first very unsatisfactory, she being violently ambivalent and at times hostile to him. She was clearly a very disturbed schizoid woman. Churta developed along aggressive, superficially fearless lines, exceedingly active but with evidence of great underlying tension. He was a very intelligent child. His mother later deserted him and he was placed in a residential nursery for some time. When she eventually visited him he rejected her violently screaming, 'I haven't got a mother.' The Research Psychologist gave the following prognosis: 'The drive to success may predominate over the need to form close personal relationships.'

Here the basic love relationship was never truly formed and one may perhaps see in Churta's constant rejection of the soft toy an inability to progress toward wider relationships through the 'medium' of the transitional object. The evidence from residential nurseries is relevant here. Despite the fact that quite a number of mothers to whom I spoke could recall no 'transitional phenomena,' it is true, I think, to say that it was *more* usual to find that at some time between birth and four or five years of age there was some toy or object which assumed great importance. It is therefore interesting to compare this evidence of ordinary families with that gleaned from or about residential nurseries. Out of twelve child-care students who worked in nurseries this year, one reported that every child had his own 'cuddly' at nighttime which was respected as his own particular property and to which he attached great importance, a second said that children were 'provided' with cuddlies but there was no real sense of possession or ownership of particular toys. For the remaining ten, it appears that cuddlies virtually did not exist, certainly not as unique and treasured objects. One may explain this partly in terms of administrative convenience, no doubt. At the same time, the fact that the children whom I observed did not even try to retain constant possession may be an indication that the basic relationships from which the child can move into transitional satisfaction, are not being established. In any case the two explanations are not incompatible for the nursery which is run with administrative convenience as the overriding consideration will not be the nursery likely to satisfy deep emotional needs of infants. The nursery children whom I observed treasured little or nothing—and destroyed much. Among twenty children (aged one to five) with whom I worked, not one could be said to cherish a toy or an object for more than a passing hour or two—and then possession was usually maintained to thwart another child.

### Caroline

Turning now to the second example of an 'objectless child' Caroline (now thirty) was the third child of the family, having two elder brothers both of whom were moderately devoted in their infancy to teddies. Caroline never evinced the slightest need for any such object. Her mother greatly desired a daughter and her identification with her own mother (Caroline's grandmother) was exceptionally strong. She was a mother whose adaptation to the needs of her daughter was excessive with a tendency toward emotional and erotic overstimulation. There was ample evidence of an inverted oedipal situation, Caroline playing a somewhat masculine role in her relationship with her mother, the mother compensating for her own unsatisfactory marital relationship. Caroline's homosexual tendencies became evident in other relationships.

Here we have an example of a bond so close in infancy as to prohibit an object relationship (see Winnicott's study of Y). Caroline from babyhood had no "woolly" of any kind whatever. One may contrast this with Churta whose first love relationship had been profoundly unsatisfactory. Caroline remains fixated to some degree at the primary phase, which had been overgratifying. Yet in a sense it is true to say that Churta, too, is "fixated" at the same phase, since he cannot relinquish what he has never truly possessed and therefore does not progress along normal lines.

While I feel that the illustrations above do provide some points worthy of consideration, it must be emphasized again that the mere fact that an infant or child is "objectless" must not be made the ground for assuming any degree of mental illness. One must continually bear in mind the possibility of a 'hidden sequence' to which Winnicott refers, and about which much is yet to be discovered. One would perhaps take as significant a lack of 'an object' only in conjunction with other evidence which a good case history would furnish.

### DISCUSSION

Winnicott has referred to the function of the transition object as a defense against anxiety, even in later childhood, and I have suggested that what begins as a progressive phase is later a regressive manifestation. It is interesting to note how the child himself recognizes the infantile nature of his dependence, even when he is not yet able to relinquish the "object." Thus David put his 'Own Pillow' in his newborn brother's cot, saying "I'm a big boy now," but yet could not give it up. Mary after she had had whooping cough at the age of four threw 'Golly bear' in the dustbin, saying 'Golly's too old now' (i.e., Mary is too old now) and on that same night she stopped the bed wetting which had persisted right

up to this age Mark at four (see above) said "I'm too big for Cloak and I'm not going to suck any more, but I'll keep Squirrel"

### *'Primary and 'Secondary' Objects*

Mark's remark also illustrates the distinction in the child's mind between the first object (the blanket or the piece of flannel) and the later development (the toy). Several examples show the progress from one to the other, among them Mark from Cloak to Squirrel and Bill who passed from Thissy, a discarded pajama jacket, to 'Barnacle Bill', a doll. Some children Roy for example (see above), remain attached to the primary object. One might almost describe the development as a growth of sophistication, as among primitive peoples who will deify first any inanimate object but later find or make recognizable shapes for their worship. At the same time however, it is to be noted that in many of the examples listed, no primary transitional object has been described. Sometimes, it is true, the soft toy has been equivalent to flannel or blanket from the earliest days and is in fact the primary object. Mary had her 'Golly bear' from birth. But with other children, treasured objects have been noted only at the age of two or three. From my limited survey it would seem that this is by no means infrequent, thus out of forty three children, twenty two objects made their appearance at one year or over, twelve at two years or over. Other transitional objects may have passed unnoticed by parents in their children's infancy. Nevertheless on my analysis what might be termed the object equivalent must be by no means uncommon.

In the terms of Winnicott's paper, the teddy or the golly may not be relevant as the 'first not me possession,' if one assumes that prior to this there was an object equivalent which passed unrecognized. Nevertheless I have included them in my study as marking an interesting second stage in the process of development toward adult relationships. Sometimes the first loved object makes its appearance at about two and a half or three. Patricia had nothing till she was three plus, when a pajama case in the shape of a dog became vitally important for some years. One notes with interest that she first became attracted to 'Shaggy' when her mother told her she was going to have a sister. She was her mother told me 'simply not jealous at all'. It is likely too that tensions at the oedipal phase may be released by a new attachment to an object which can be safely loved. Sometimes the object fulfils a special function for a comparatively short space of time in relieving tension and anxiety. Joan (eight years) is at a school for maladjusted children. She told me one day

"When I first came here I used to cry a lot—always when I got a letter"  
 'Because you were home sick?

Yes And I used to take my Teddy everywhere with me—even in to meals—  
 didn't I Pearl? But I gave him up when I was five

When did you first have Teddy?

When I was one year old I found him in the park and I brought him  
 home because there was no one to look after him. His name is Peter and I  
 still have him but he stays at home now'

In this connection Anna Freud and Dorothy Burlingham (1943) write

There are several children who will not be separated from some toy  
 or animal which they have brought from home and compulsively hold it in  
 one hand if possible even during washing dressing or eating Lessening  
 of that clinging is usually the first sign that the child has overcome the first  
 shock of separation and has found new living objects for his affection

This quotation could indeed have been a description of Linda of  
 whom I heard from a psychiatric social worker at a Reception Centre  
 Linda (aged five) came to the Reception Centre tense and anxious, her  
 mother was a detached, withdrawn person, her father mentally unstable  
 For the first week at the Reception Centre she went everywhere with  
 Teddy clutched in one hand—even for 'washing dressing or eating' At  
 the end of the week, the psychiatric social worker met her in the corri-  
 dor—without Teddy She asked where he was and Linda, exhausted and  
 pale, replied 'He's very tired, he's upstairs having a rest'

We have in this remark of Linda's an illustration of one aspect of the  
 development from the primary to the secondary transitional object—  
 namely, the personification of the object and the projection onto it of  
 human emotions Brenda at about five years mourned for the wounded  
 feelings of her beloved Teddy when a newer, fluffier, yellower one was  
 brought home as a gift, and insisted that the new acquisition should be  
 covered up so that Old Teddy could not see The funeral of Goggles  
 illustrates this point well Goggles belonged to Janet Janet had had  
 Goggles for some years—a shapeless wooden doll When she was seven  
 or eight, Goggles was accidentally burned by a teasing brother, and great  
 sorrow ensued But, she told me, she was greatly consoled by the full  
 scale funeral which a penitent brother arranged—with mock incense and  
 a formal burial Here the personification of Goggles is clear One is  
 reminded of *Les Jeux Interdits*

Linda and Brenda and Janet were approaching the goal of inter-  
 personal relationships and were using their objects in a way very differ-

ent from Roy's use of "Say," the duster, which at seven still serves as a kind of basic comforter without individual personality.

### *Emotional Significance*

It is clear, however, that the true transitional object, whether it be a 'Thissy' or a 'Golly bear,' does stand at times instead of the immediate personal contact. Thus Roy's mother told me that if Roy fell down, he would always ask for 'Say,' his duster, rather than asking her for comfort. Two mothers told me that their sons' first requests on coming round from operations were for the objects, Mark for "Squirrel" and David for 'Own Pillow.' Here when one might have expected a cry for mother, there was a transfer of emotion onto the inanimate object, which produced immediate comfort. David's withdrawal to "Own Pillow" is amusingly shown in the following incident: "Once when a rather horrid small girl came to tea, he was missed, and found in the nursery, the door shut, with 'Own Pillow' held in its usual position—close to his cheek" (his mother's letter).

The very close and intimate association of the beloved object with the mother would be expected—indeed how could it be otherwise? But this association is interestingly illustrated in different ways. For example, the texture, smell or name of the object may be significant. Michael had treasured at night a piece of flannel from early months until he was six, he returned to it when he was twelve and his mother had to go into hospital. This flannel, I was told, was very like the texture of the nighties which his mother had worn when he was a baby. The perfumes of Jean's fur (see above) from her cuddly dog was a strongly feminine one, and to Jean the perfume was all important. The names, too, are sometimes associated with the mother's words or person. So Tim named the satin binding of his blanket "Mim" and this was the first word he spoke.

### *Feeding*

Winnicott has discussed the significance of these objects in relation to oral eroticism and early feeding experiences. The fact that thumb sucking in conjunction with handling of the object, or sucking of the object itself or the placing of the object near the mouth, is frequently found is ample confirmation—if confirmation is needed—of the connection. I am not sure whether the specifically oral comforter—for example the dummy—would be considered relevant. Several mothers gave examples of treasured objects which had become important at the weaning stage. Thus Hilary at three and a half still finds a dummy a necessity for

sleep Her feeding had been difficult—her mother having a severe breast abscess after two months' feeding, and providing the dummy at this time Two mothers mentioned that between nine and eighteen months their children had to have empty bottles—even a medicine bottle—at bedtime Both children, they said, were easy to feed and to wean One, Malcolm gradually allowed the bottle to be moved from bed—to table—to mantel piece But in general discussions it did seem that mothers felt this to be different—not quite what I was looking for That there is a connection is clear, the bottle standing for the breast of the mother and being accepted as a comforting substitute—an inanimate object now separate from the mother—over a trying period It is not the same as the bottle fed baby who takes the bottle rather than the breast but who is nevertheless part of a united mother child situation at feeding times The bottle here is, as it were, a temporarily unchallenged area of experience, but its very temporary and limited significance does mark it off as a phenomenon slightly different from the true transition object Presumably, however, the roots of adult alcoholism may be seen here

It is evident, however, that in so far as mother and baby can be separated these objects are important not merely as part of 'mother' but also as part of 'baby'—and babyhood, this being the point of Dr Winnicott's argument that they do represent the intermediate area This will certainly explain the resentment felt by some children at any change in the object and the anxiety surrounding the washing or renewal of it David was beneath the washing line when 'Own Pillow' was hung there In his mother's words: 'When I washed 'Own Pillow' a little figure was to be seen dragging a chair outside which he parked underneath the line and there he sat, until both were removed to a warmer place From my examples however, it is noticeable that not all children feel so strongly about the washing or renewal of objects Mary's mother knitted new golly bears as the old wore out, and these were accepted without demur, provided they were identical Perhaps this acceptance of inevitable change is a sign of a healthy relaxation of tension in the child especially after the age of three or four when intellectual development has made understanding of wear and deterioration possible' Caroline (see above) accepted a hankie in place of a nightdress sash and has allowed renewal of hankies as years have gone by, provided there is always one available and that it is of the right texture In several instances, the substitute lov

\* Miss Freud has suggested that the acceptance of or the anxiety concerning a change in the adored object may depend on the particular sensation which is valued by the child Texture, for example may be unaltered by washing, while smell is destroyed



ingly proferred has been allowed by the child. The mother's handling of the situation is undoubtedly vital here.

In concluding this section, there are a few points to be briefly noted. Firstly, out of the examples listed there is roughly an equal number of boys and girls. Secondly, it seems that no inference can be drawn from the type or personality of the individual children. Thus Harum has been quoted as an "objectless" child whose great activity is a dominant characteristic. But much the same regarding active, masculine pursuits might be said of David, David is an outgoing, superficially "tough" small boy who has no care or interest in special possessions except for "Shaggy," the pajama case. Neither does there seem to be any connection with the position of the child in the family and therefore the extent to which he or she had the mother's undivided attention. Out of forty two examples, twenty five were first or only children.

The subject of the "first not me possession" leads on to some discussion of the importance of "possessions" in general but this is outside the range of this paper. One may, however, note several examples of children needing a whole armory of cuddly toys at night. Rosalind (eight years) had a specially battered and ancient teddy but in addition to this needed at least six other woollen toys at night (Rosalind is an adopted child). Here the actual quantity of possessions gives security and acts as a defense against anxiety. One may also connect it with anal character traits and many prominent characteristics in adult life.

#### ADULTS

My first sight of him [Sebastian] was as we passed in the door of Germer's and on that occasion I was struck less by his looks than by the fact that he was carrying a large Teddy Bear.

(Evelyn Waugh *Brideshead Revisited*)

In discussing this subject with friends and acquaintances, it frequently happened that examples were produced of adults, whose devotion to particular objects and toys had been remarkable. In this study I have included only those instances where the devotion had been apparent from early childhood right into adulthood. With some as for example, Kate, Teddy is the only obvious indication of an infantile regression in a healthy, superficially well adjusted person, and the example links with the common place "mascot."

#### Kate

Kate has had Teddy since the age of two and a half. She is now twenty four. Teddy goes with her nearly everywhere on her travels and lies upon her bed.

He is valued and treasured—for there was some genuine distress when he was believed lost recently. Yet he is not referred to in conversation generally nor is he in any way personified.”

One of three children of brilliant parents, Kate is a strong, determined and able person. All the children have suffered in more or less degree from the conflict between the parents and especially from the neurotic detachment of the mother. Kate has cultivated a sturdy independence which, though fairly stable, is undoubtedly an exaggerated reaction to her mother's personality. Teddy remains the chunk in an otherwise well-armed personality. Many examples similar to that of Kate were quoted to me, but the case of Paul illustrates an other and more abnormal use of the transition object.

### Paul

Paul, now seventeen, still possesses “B Lamb,” a soft toy which has been a treasured possession for many years and goes everywhere with him. “B Lamb” has been accepted by father and brothers as a kind of third party and is referred to frequently in letters. Paul writes: “I’m fed up with school. B Lamb thinks I’m making a lot of fuss. And I’ve just got a stripe in the cadets. Baa says B Lamb.”

Here, as with Aloysius the bear in *Brideshead Revisited*, the personification of the object is used as a kind of escape from direct personal comment and thus from the direct personal relationship. Charles says:

Do you know he spent the whole of yesterday evening trying to turn me against you and almost succeeded?

Sebastian replies: “Did he? How silly. Aloysius wouldn’t have approved of that at all, would you, you pompous old bear.” [This links incidentally with the view that at root homosexuality is a turning away from relationship.]

Paul is the youngest of three boys. He has shown signs of a deep anxiety state which caused for a time an enervated and passive attitude followed by a severe duodenal ulcer. His mother died about ten years ago; his father is a neurotic man with acute sexual problems; there is evidence of fetishism in his behavior. He has encouraged and stimulated the boys’ attachment to “B Lamb” by playing up to the game. Paul’s relationship with his father is markedly ambivalent: both dependence and independence are at times exaggerated.

It is accepted that there is a direct connection between transitional phenomena and fetishism. Dr. Martin James, in an unpublished paper which I have been allowed to see, writes:

I am most helped in thinking of actiology by the concept of the transitional object for D turned away from disappointment at the hand of real people to masturbation and the feush, as a baby turns for consolation to its transitional object

Tetishism is a subject outside my knowledge and competence. But one interesting and less specialized aspect of the subject has come to my notice in discussion. Childhood objects, or objects as it were 'created' for the occasion, do, sometimes, become intensely important as a kind of link between lovers in both heterosexual and homosexual relationships. This is in fact a common and everyday occurrence, but with the immature or unstable, the importance of these objects is often flaunted and emphasized. They become flamboyant yet intimate symbols of the relationship. Thus Robert, the middle aged fiance of a young girl, gave her when she was sixteen "Wilfie," a rubber rabbit. Wilfie goes with them on various expeditions and is referred to quite often, in jocular vein, but nevertheless with an underlying significance. "Marcus," a puppet bear, went everywhere with two overtly homosexual women, to their rooms, and so on. "Shifty," a cat, the property of June since childhood, was given by her to her woman friend as a kind of permanent loan with proprietary rights maintained.

These, however, are merely scattered observations which have arisen from the original subject. I think that here the interest is partly in the necessity for an inanimate, as it were, third party, through which the relationship is maintained rather than through a direct contact.

### CONCLUSION

The study of transitional objects provides a valuable starting point in any consideration of early development. There is a fascination in a subject which seeks to explain and to analyse growth, from any aspect. Here we have been concerned with one phase in the growth of the human personality, a phase which despite its complex implications is understood in essence by most mothers, who recognize intuitively the importance of their children's transitional loves.

Perhaps the most outstanding impression left upon the mind is that the commonplace and the everyday has once again proved exciting in its implications. The diversity and richness of individual experience which yet comes within the term *normality* can never fail to challenge the student of psychology. A study of transitional objects makes this abundantly clear.

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# TALES OF THE DISCOVERY OF THE SECRET TREASURE

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## I

Tales of the seeking or accidental discovery of treasure or wealth comprise one of the most persistent myths of all times. It is a striking fact that the essential characteristics of this myth have remained unchanged throughout the ages. The elements of the ancient folk tales of treasure are preserved in all the later versions of such stories down to modern times.

Typically the treasure story follows this pattern. A poor boy or man accidentally discovers a secret which leads him to buried treasure or to the acquisition of great wealth. Usually the treasure is the stolen loot of a bandit, a pirate or an evil sorcerer, it may be buried in the ground or in a mysterious cavern. The hero obtains secret knowledge of the treasure either through a conniving and evil person who wishes to use the innocent hero for a tool, or through the accidental "overhearing" or "overseeing" of an event which betrays the secret, or through the acquisition of a magic formula or device or a map or code. Usually, too, the hero must overcome an evil opponent who seeks the treasure. The treasure is successfully won by the hero who vanquishes his enemies, marries a beautiful princess, or brings wealth and prestige to his mother, elevating her from her humble and impoverished station.

The time of treasure hunting is childhood, and these stories of buried treasure are among the favorite tales of children. But they are not the exclusive property of children, they belong to all ages and all times. The evil magicians of the fairy tales gave way in time to one-legged pirates, and they, in turn, to eccentric millionaires and bank robbers. There have been mysterious caverns and desert islands, gothic castles and combination safes. But always there has been a fearless and honest fellow who accidentally discovered the secret, outwitted the sorcerer or the pirate, and entered the perilous enclosure to claim the heaped-up wealth.

The tales of the buried treasure are among the oldest mystery stories of the ages, a mystery which has engaged the imagination of men from ancient times to the present is of special interest to the student of psychoanalysis. What is the meaning of this never-ending search for the treasure? Who are these sorcerers, pirates, innocent boys, and simpletons in the unchanging cast of this drama?

My own interest in the tales of buried treasure derives mainly from two sources. My interest in the psychological meanings of the search for buried treasure came about through the contributions and fantasies of two small boys during the course of their treatment for neurotic disorders. The first patient, a seven year-old boy, invented tales of piracy and buried treasure which provided me with most valuable insights into his neurosis and into the meaning of treasure seeking. My second treasure hunter, who was six, carried on a number of his excavations under my desk, providing a fortunate situation for the close-range study of the habits and mental activities of a treasure hunter.

My other source of interest is an old one. As a child I was a member of that large fraternity of treasure hunters which carries on its operations in vacant lots, basements, and ash cans. In the belief that a previous tenant had buried his fortune in the walls of our house, we pried up loose floor boards in the attic, tapped on paneled walls for a hollow sound, and searched for secret springs in desks and bureaus manufactured in Grand Rapids. In spite of a great deal of digging and prying and knocking, no tell tale click answered from the furniture, no secret doors opened to our touch. We gave up hope after a while. I believe now that it may have been our failure to co-operate with all the requirements of the myths of treasure which delayed our discovery for almost ten years.

When we were children in our teens we moved into a new house. Some months after we began living there, a mysterious stranger came to our door. He said that he had once lived in this house and he had come to get something which he had left behind—in the secret room! Our mysterious stranger was not easily identifiable as an instrument of fate. He was neither lame nor bearded, had no tell tale scars and had arrived on such a substantial vehicle as a bicycle. He was, in fact, an intelligent looking lad of ten. He said he had left his model boat in the secret room, and we received his story with suspicion. We followed the mysterious stranger up three flights of stairs. We watched him as he stopped before a panel of recessed shelves, unfastened a concealed bolt, and swung open the entire panel. A small dark room was exposed to view. In the dim light we made out the outline of a model boat. We strained our eyes further. The room was empty. The mysterious stranger emitted shrill

cries of joy, snatched up his boat and bolted. We stared into the empty room for a long time

## II

In her remarks on Poe's 'The Gold Bug,' Marie Bonaparte refers to a conversation with Freud in which he speculated on the meaning of buried treasure. His words are paraphrased by Bonaparte:

One hardly dares venture it, lest it seem too far fetched but there must be, in the unconscious a connection between tales of seeking or finding treasure and some other fact or situation in the history of the race something that he longs to a time when sacrifice was common and human sacrifice at that. The buried treasure in such cases would then be the finding of an embryo or foetus in the abdomen of the victim.

Bonaparte in her analysis of 'The Gold Bug' traces the theme of the buried treasure to that period of Poe's life when he was occupied with the riddle of birth. In this analysis, gold feces-fetus are symbolically equated as the buried treasure.

These findings can be borne out in each investigation of the buried treasure motif which I have seen. However, when we extend the study to an examination of the various parts of the treasure myths, a picture emerges in which still other unconscious forces can be observed.

I should like to begin by citing fragments from the analytic material of the two small boys I mentioned earlier. In each of these two cases fantasies or games around the theme of treasure hunting appeared in the course of the treatment.

It was Jimmy who first brought my attention to the meaning of the discovery of treasure. Jimmy was seven, a solemn and brooding little fellow with excellent intelligence and imaginative gifts. He was in treatment for stuttering, bed wetting, and a general withdrawal and apathy. Jimmy's fondness for making up stories made it possible to carry on a good part of the therapeutic work through them.

A brief introduction to the case material may suffice for our purposes. The central figure of many of Jimmy's stories was a baby elephant named Sneeze. Sneeze I learned was dissatisfied with his trunk, and many of his secret wishes revolved around having two trunks instead of one or at least possessing a larger trunk than he had. Sneeze's trunk was frequently in danger. Sneeze wished that he could be as big as his father and he also feared punishment from his father.

From the parents I had already learned that Jimmy had always been very reluctant to ask questions about sexual matters and that, when information was given by the mother on one occasion, Jimmy vehemently denied the mother's explanation of sexual union. This occurred when Jimmy was four.

As Jimmy's treatment progressed he began to confide some of his dreams. One day he told me about a recurrent nightmare in which he is swallowed by a lion and can't get out. In the dream he would tell himself that he should not be afraid because 'They'll cut open the lion's stomach and get me out soon.' From this dream we began to explore some of Jimmy's ideas about getting into a stomach which led inevitably into a discussion of pregnancy and birth. Jimmy was eager to display his knowledge on at least one score. He told me that he knew all about that and that he knew about the special passageway for the baby to come out. He had no ideas how the baby got in and betrayed much confusion by describing the difference between men and women in this way:

The father has a penis and the mother has a littler penis. He spoke of a mother's egg and of a father's seed. He did not know how they met. I tried to get him to tell me what he thought (This detail is mentioned because it plays an important part in his later fantasy.) The material which follows suggests strongly that I created some resistances in this interview:

Jimmy was reluctant to come in for his next appointment. But once in the playroom he said that he thought of a story and would tell it to me. *This story is about an old witch who makes Sneezle tell his father's secret. And the secret is about his father's buried treasure. She tries to get him to tell but he won't.* At this point I asked: *But why shouldn't anyone know the father's secret?* Jimmy was surprised at my ignorance: *Cause if they knew the secret why then they'd want to steal it!*

We now see how the events of the previous interview are translated in this story. The old witch who tries to get Sneezle to tell his father's secret is, of course, the therapist. But how has the discussion about origins been transformed into father's secret, the buried treasure?

In the tales of the buried treasure there is always the discovery of a secret which leads to the treasure. In Jimmy's story we see clearly that the secret is a sexual one. From the analytic material we perceive an unconscious analogy between the act of coitus (putting something into the woman) and the burial of treasure. This suggests a twofold meaning for treasure here. The penis is buried in the woman and is equated with treasure and the baby is the treasure which is buried in the woman. This last of course confirms Bonaparte's analysis of the treasure motif in *The Gold Bug*:

*'If they knew the secret, then they'd want to steal it.'* Jimmy says. In tales of treasure the secret of the treasure is almost always stolen from a wicked person, usually a man. From Jimmy we understand too why he vehemently denied his mother's explanations of coitus. If he knew the secret, i.e., what father did with mother, then his own wishes to do such things with mother would become too dangerous for him. By denying



what father did, he denied what he would like to do. If he "knew the secret," then he might steal it from father.

Some weeks later Jimmy reported an interesting dream with some consequences for us.

It was a real funny dream. A *real* funny one. I dreamed last night that there were two fire stations—a little one and a big one. And the big fire engine in the big fire house always got to the fire first and the little fire engine couldn't. It was too far away from the fire. Every time. Then one night the firemen in the big fire house were too busy playing checkers and they didn't hear the bell ring. So the little fire engine got to the fire and by the time the big one got there it was all put out. That was one time the little fire engine got there first. Wasn't that a good dream?

Since we know that such dreams of putting out fires are often connected with sexual excitation and bed wetting in children, I chose a moment later to inquire if Jimmy had wet his bed last night. Oh, no," he said. "Last night I slept in Mummy's room in my Daddy's bed, because my brother had a cold and I wasn't posed to sleep in the same room with him.

And now we understand how "this time the little fire engine got there first." We will not go into all of the interesting ramifications of the dream but will mention only two points. First, Jimmy recalled that once before when he had wet his bed, he had gone into his parents' room and found them "sleeping together" in mother's bed. I ran out fast," he said, " 'cause they were waking up." Second, a little while after relating the dream and some of his associations (the dream was based on a familiar nursery story called "The Little Fireman"), Jimmy said he had just thought of a new story and he would tell it to me. This was the story:

*"Sneeze is captured by pirates who are after buried treasure. But someone learns of this and when the pirates open the treasure chest there's a bunch of lions inside who bite off their heads."*

The story of the pirates follows the dream and Jimmy's recollection of the circumstances of the parents sleeping together. "Sneeze is captured by pirates who are after buried treasure." Does this detail refer back to the episode just related in which Jimmy discovered the parents in bed together? He ran out then, he told me, because they were waking up. If the pirates represent the father, or possibly both parents, then the seeking of treasure in the story stands for the sexual activity, and the capture of Sneeze by the pirates might refer to Jimmy's fear of being discovered by the parents. "Someone learns of this," the story says, and "this" probably refers to the fact that the pirates are after buried treasure. The

"someone" must be Jimmy who learns the father's secret by accidentally coming upon the parents' . . . And when the pirates open the treasure chest there's a bunch of lions inside who bite off their heads' The tricking of the pirates through the substitution of fierce animals for the expected treasure suggests that the treasure chest with the devouring lions represents the child's conception of the female genitalia in which the vagina is given the attributes of a fierce mouth which bites off the male organ in the act of coitus. The pirates are decapitated in Jimmy's story and the end of the story leaves us with the question, 'Now who gets the treasure? In the classical tales of treasure the hero gets rid of his enemy and acquires his treasure for himself. Our small treasure hunter leaves the fate of the treasure unanswered. Perhaps his unconscious motives came too close to light here, and he may have reasoned that, after all, a lion's appetite is capricious.

The theme of the mutilated pirate appears frequently in treasure stories. The most famous of these pirates is the peg-legged Long John Silver in *Treasure Island*. The terrible Captain Hook, the pirate in Barrie's *Peter and Wendy*, wears a wicked looking hook in place of the hand which he lost to the crocodile. The classic stereotype of the pirate is that of a man of frightful ugliness with a patch over one sightless eye and a wooden stump beneath one thigh. Jimmy's story throws some light on the meaning of the mutilated pirates in treasure fiction. It suggests that castration is the price which may be paid for entering 'the forbidden place'.

From Jimmy's stories we acquire two valuable hints regarding the meaning of certain familiar motifs in the treasure tales. The immediate reference of the two stories to events in treatment and within the home permit us to interpret some of the symbols with certainty. The story of the witch who tries to get Sneezle to tell his father's secret of the buried treasure follows the interview in which I try to get Jimmy to tell me his theories regarding procreation. Father's secret' we saw, was father's secret sexual activity. The buried treasure had the meaning of baby and penis. 'If they knew the secret then they'd want to steal it' referred to knowledge regarding the sexual act and the small boy's wish to steal father's secret and replace him. In the tales of treasure there is commonly the discovery of the secret and the theft or cunning acquisition of the secret from a wicked person. In Jimmy's story of the pirates who have their heads bitten off by the lions when they open the chest, we obtain a valuable clue to the motif of the mutilated pirate in the classical tales of treasure.

Several months after this series of episodes in Jimmy's treatment, I

encountered another treasure hunter who shed further light on the mystery of the buried treasure.

Danny, who was six, had come to me for treatment of a severe behavior disorder. He was capable of brutal and sadistic attacks upon other children, had violent outbursts of temper in which he would savagely destroy anything at hand. Along with these problems I discovered, after working with him for a while, a severe obsessional neurosis which involved numbers and calculations about death. Analysis revealed that the number compulsions involved a counting of the number of years before "someone" might die. The "someone" was his father, a middle aged man who was considerably older than the mother.

The treasure games which I shall report shortly were preceded in Danny's treatment by a long prologue, a series of games which bear an important relationship to the treasure hunting which followed. In these earlier interviews Danny carried on an energetic search with a puppet named Mortimer who executed some of Danny's more daring ideas. They opened every desk and file drawer "because Mortimer is so curious." They examined minutely the compartments at the back of drawers which contained odds and ends of junk and desk paraphernalia. Danny was particularly interested in a file drawer which contained a large number of maps. I had to tell him once, in the feeble hope of making the map drawer "out of bounds," that these maps belonged to my husband. Of course this only stimulated his interest and Danny spent many hours with the maps spread out on the floor laboriously tracing out trips to places he liked to imagine he had been. But I did not entirely understand this absorption in maps at the time.

After some time, however, this seeking of hidden things and locating places on maps began to make sense. We had encountered in Danny a strong denial of sexual differences. Subsequently a curiosity about these differences began to weave in and out of his investigations with Mortimer into hidden places. One day Mortimer, the puppet, became bolder and, in the hands of Danny, attempted to lift the skirt of my dress. I could not permit this, of course, and said only that if Mortimer were so curious about ladies he could ask and I would tell him.

"Well, Mortimer," said Danny, "wanted to find out where ladies keep their penises."

Therapist: "Where does he think?"

Danny: "On their behinds."

Therapist: "Does Mortimer really think that ladies have penises?"

Danny: "Yes, they do."

Therapist: "Did Mortimer ever see a lady with one?"

Danny: "Yes, he did."

Therapist: "Where did he see a woman who had a penis?"

Danny looked baffled. Then he became noisy and blustery to cover up his confusion. "Well," he roared, "The girls in South America do!"

Now we understand Danny's games. And, since these games have a

close relationship to the *treasure games* which I shall report next we might briefly study them. The curiosity about things hidden appears to belong to a curiosity about the hidden penis of a woman. The absorption in maps and the examination of strange places could only be a displacement of interest from anatomy to topography. This is even nicely capsuled in his geographical allusion to the country where girls have penises. South America which comes off the body of the northern continent in the shape of a penis like appendage.

In the next few interviews Mortimer took a terrific beating from Danny for being too curious. He was pounded on the floor and twice had his head separated from his puppet body which made it necessary for me to do an emergency repair job. Then one day a new game appeared. The concern with hidden objects took a new turn.

Danny began a series of excavations under my desk. He explained that he was digging for treasure. At his request I provided him with treasure and the odds and ends of junk which had fascinated him in the desk drawers now were handed down to him for his games. There were pennies, paper clips, erasers and other bits of office paraphernalia. Gradually the game began to take form. Now Danny assumed much of the conspiratorial manner of a robber rather than that of a treasure hunter. His voice would drop to a low whisper as he would make a getaway from imaginary pursuers. The game continued along these lines for several interviews.

In the meantime I learned from Danny's parents that Danny was engaging in a number of petty thefts at school and in the neighborhood. He had acquired a number of toys and schoolboy trinkets which he was hoarding in his room.

One day the treasure game acquired a new twist. Danny was under the desk arranging his trinkets when he mumbled to me that the treasure belonged to a mean king. So he murmured it was good to steal it because the king was so mean. What did the king do? I asked. He was mean to all the people. And he was mean to the Queen. And the Queen was very sad. With this Danny seemed fascinated with new possibilities and began earnestly to play out another scene. See! he said with excitement. The Queen is locked up. Then this guy comes along and he takes the Queen away so the king will never find her! I could not resist asking at this point if the Queen might not miss the king. Danny was irritated. No. See. The king is mean to her all the time. And she's glad cause she didn't like the king. Now Danny crawled out from under the desk and sat cross-legged on the floor. Then the Queen sings a song. I'll sing you a song. With this Danny sang in his weird atonal voice a lament of the Queen. The song told how the King used to fight with her and hit her and how she was glad she wouldn't have to live in his old castle no more.

Here we encounter another aspect of the treasure myth. Somehow in Danny's game, stealing the treasure from the wicked king shades into

stealing the Queen from the King. It appears then that the Queen is the treasure. To steal the treasure from the King is to steal the Queen.

For several interviews we heard nothing further about the treasure or the King and Queen. Instead Danny instituted a number of hiding games in which Mortimer the puppet hid in drawers, closets and file cases. I learned that Mortimer was hiding from a witch: "There is a witch and she could turn him into a tree or a stone or anything she wanted." More definitely, I learned later on, this witch could even turn boys into girls. In an "interview" with Mortimer the puppet I learned from his good friend Danny that "Mortimer was afraid that if witches and giants found out his secret, they would turn him into something." It seemed necessary at this point to learn something about Mortimer's secret. But I was not a match for a wily treasure hunter. I made a handsome deal with Mortimer and promised to get rid of his witches and giants worries for good if he would tell me his secret. Danny dragged Mortimer over for a talk. "Mortimer!" he ordered, "Tell that lady your secret." Mortimer was conveniently mute.

Then the hiding games began to develop into something new. Danny made secretive references to a game of his own, a game of hide-and-go-seek. The innocence of the game was out of proportion to the amount of secrecy employed by Danny. I asked him casually how he played this game. With this he obligingly got down on the floor and began to crawl under one of the little rugs. Now wrapped up like a mummy in the rug he announced unexpectedly, "Look! I'm digging for treasure. Give me the treasure. See I'm digging thirty feet down. There! Here's the treasure." Now I caught a glimpse of the meaning of his "hide and seek" game. For one was immediately struck by the fact that he was wrapped up in the rug as if in a blanket. His *treasure hunting* today must have something to do with activities in bed.

The new treasure game "under the rug" was now pursued with the same enthusiasm we had seen in the first treasure game. He asked me for jewels to put under the rug, and I provided him with more paper clips and an old string of pearls. Each time he would crawl under the rug, wrap it around him, then announce triumphantly, "Look what I found!" and produce the "treasure." The game was tirelessly repeated. Once I remarked, "You sure must like this game!" He said enthusiastically, "It's the best game I ever played!"

We can have no doubt about its meaning. The seeking of treasure while wrapped up in the rug is certainly a reference to another remarkable discovery "under cover." This digging for treasure alludes to masturbation. The discovery of "treasure" is the discovery of the penis and its pleasures. We might suggest a tie-up, too, between the two treasure games reported. For in the masturbatory activity hinted at in the second game we suspect oedipal fantasies of the type referred to in the first.

It is of some interest to us that at exactly this point in treatment

Danny began to masturbate at home particularly in his mother's presence. In interviews it became necessary to begin the analysis of anxieties around masturbation and this I regret to say ended our games of treasure and our opportunity to analyze further the theme of treasure seeking.

From Danny we have obtained additional clues to the meaning of treasure. The search for hidden objects which just preceded the treasure-hunting games was an anatomical search, a search for the hidden phallus of the woman. The first treasure game involved the theft of the treasure from the mean king. The treasure we saw was the Queen. To steal the treasure therefore was to steal the mother from the father. The treasure in the second game involved the secret undercover discoveries of the pleasures of the penis. There is the suggestion too that through the discovery of the secret of masturbation the little boy has also discovered the King's secret with the Queen which leads him to ideas of stealing the Queen for himself.

### III

The great myths and stories of treasure begin with the accidental discovery of a secret which discloses the means to great wealth and power. Usually the secret has to do with the hiding place of a treasure.

Aladdin the neer-do-well son of a tailor is enticed by a magician to enter a cave and obtain a lamp. The boy is given a ring by the magician to protect him against harm. In the cavern the boy discovers magnificent jewels growing on trees. He pockets the jewels and returns to the opening of the cave with the lamp. The magician refuses to help him out of the cave but demands the lamp. When Aladdin refuses the angry magician closes the entrance. In his despair Aladdin accidentally rubs the ring which the magician has given him whereupon a spirit appears to transport Aladdin to the surface. One day Aladdin rubs the old lamp also by accident. The genie of the lamp appears to do Aladdin's bidding. With the discovery of the secret of the magic lamp Aladdin now possesses the source of great wealth. He summons forth the genie whenever he wishes. In the tale we are told that Aladdin uses the lamp to keep himself and his mother supplied with everything they need.

Later Aladdin marries the Sultan's daughter after first fulfilling the difficult conditions set forth by the Sultan. The old magician returns at last to get his revenge. Through a trick he obtains the magic lamp from Aladdin's wife who does not know its magic power and is pleased to exchange it for one of the new ones which the wily magician is selling.

before her window. Now the magician has the palace and the princess transported to Africa. Aladdin, aided by the genie of the ring, retrieves the lamp through a ruse and kills the magician.

Certain details of the Aladdin story interest us here. First is the magician who sends the boy into the dark and mysterious cavern to bring back a lamp and then refuses to help him out. There is a quarrel over the lamp and the magician seals up Aladdin in the cave. We have the impression from these details that the magician who "puts Aladdin into the cavern, is the father who originally 'put him into' the mysterious recesses of the mother's body. Aladdin, now buried within, is deep in despair when he accidentally rubs the ring which the magician had given him. The accidental rubbing summons the spirit of the ring who transports Aladdin to the ground. In this way Aladdin is "born!"

Now the magical properties of the lamp are not discovered by Aladdin until after he leaves the cave. In examining the symbolism of the lamp it seems necessary to return again to the early part of the story. What is this object of great value which is hidden in the cavern and which can only be obtained from the magician by the boy? We have the impression that something has been left within, left behind in the cavern, which must be recovered by the boy and restored to the magician. We have advanced the theory that putting the boy into the cavern is a representation of "making the child," i.e., of procreation. In order to make the child, the father must first 'put something in' which is of great value to himself, that is, the penis. In the infantile sexual theory the father loses his penis in the act of coitus. Does this line of thought lead us to any conclusions?

As a child I remember that I was puzzled by the fact that the magician made Aladdin go into the cavern to get the lamp. If the magician knew where the lamp was, I reasoned, why didn't he go himself? The fact is no less puzzling when we examine the detail analytically. It seems then that it is *necessary* that the boy Aladdin restore the lamp to the magician. Only he can do it, the story seems to say. No, if this detail belongs to the birth theories of childhood the magician's object of great value, is the penis which is 'left behind' in the woman and which is restored to the father in the form of the child. In this sense the son 'restores' the father's penis, Aladdin restores the lamp.

But Aladdin's magician wants only his lamp. He would take it and leave Aladdin to perish in the cavern. Since Aladdin is no fool he refuses to give up the lamp and the magician, enraged, seals him up in the cavern. Aladdin now possesses the magician's priceless lamp. In the symbolic act we read that the boy possesses the father's penis.

Now here we have the echo of a great myth Cronus the son of Uranus is imprisoned in the body of his mother the earth by the order of his jealous father His mother induces him to repay the father and dethrone him Cronus castrates the father and tosses the member into the sea In this myth the son castrates the father while in *utero* (imprisoned in the mother) and becomes the ruler of the universe in his stead In infantile sexual theories too there appear many stories in which the jealousy of son and father is placed back in time to intrauterine existence

It is worth mentioning too that the theft of the lamp a fire making instrument attests to the kinship of the Aladdin story with universal myths of the Prometheus type in which the culture hero steals the original fire from one of the gods typically through outwitting his opponent and employing clever stratagems

We understand that Aladdin did not know the value and the magical properties of the lamp until some time after he was delivered from the cavern One day he accidentally rubbed the lamp and a genie appeared to do his bidding Once again we have the accidental discovery of a secret which leads to great wealth We are reminded now of Jimmy's discovery of his father's secret and of Danny's discovery of a priceless treasure under the covers Aladdin's discovery of the magic lamp through accidentally rubbing is easily recognizable as the discovery of sexual pleasure through rubbing of the penis The genie who appears to do his master's bidding is like the personification of the erect penis which does its master's bidding

We are told that Aladdin availed himself of the services of the genie to keep himself and his mother supplied with everything they needed This detail is a familiar part of the child's fantasy When he becomes rich and powerful he can supplant the father and give to mother all the things her heart desires The fantasy of satisfying the mother's every wish must certainly derive from the child's envy of the father his larger penis and his potency and his realization that he as a child is 'poor' in these respects he can give nothing to his mother

I should like to dwell on just another aspect of the Aladdin tale The lamp which serves Aladdin is a source of never ending wealth As long as he keeps the lamp its genie will keep him in riches The genital significance of the lamp the equation of wealth and potency is evident here But the lamp also seems to be a relative of those bottomless purses which we encounter in fairy tales Such purses are never empty they yield up gold whenever their owner opens them Here we encounter an earlier theory of wealth These remarkable purses produce gold in a



manner analogous to the production of feces. There will always be more.

The Aladdin tale immediately calls to mind Anderson's "Tinder Box." The skeleton of the Anderson story is remarkably similar to Aladdin. A soldier is induced by a witch to climb into a hollow tree, "hollow to its roots." He is told that at the bottom he will find a great hall, with hundreds of lamps burning. He will see three doors each with a key which the soldier can turn to enter the room. In each room sits a chest. On each chest sits a dog. One dog has eyes as big as saucers. The second has eyes as big as windmill wheels. The third dog has eyes as big as the Round Towers of Copenhagen. In each chest the soldier will find money, the value of which is in direct proportion to the size of the dog's eyes. The soldier must place each dog upon the witch's apron in order to render the dog helpless. He may help himself to all the money he wishes. *The witch wants only the tinder box, which will be found below.*

When the soldier accomplishes his mission and subdues each dog in turn, he is pulled up to the surface by the witch. He demands to know why the witch wants the tinder box. The witch refuses to tell. The soldier threatens to cut off her head. When the obstinate witch refuses her secret, the soldier promptly strikes off her head.

The soldier now sets off for the next town. He is a wealthy man and spends his money lavishly. He encounters a beautiful princess, seeks her hand in marriage and meanwhile fritters away his wealth. He is quite without funds when one day he *accidentally discovers the secret of the tinder box*. He strikes sparks from the flint, his door bursts open, and there stands a dog from down under the tree. The dog serves his wants bringing all manner of riches to him.

Now the soldier pursues his suit for the hand of the princess. There are innumerable obstacles set in his path by the King and the Queen. At the end he is captured and put in jail and is saved from banging only through regaining his tinder box which is fetched for him by a little boy. The dogs arrive in time to save him and to punish the guards, the King and the Queen. The soldier is acclaimed King by the people and the princess is finally won in the bargain.

Certain details are similar to the Aladdin story. There is a witch for Aladdin's magician, a hollow tree for the cavern. An apron is provided by the witch to subdue the dogs and protect the soldier from harm. Aladdin's magician gives him a ring. The soldier refuses to give the witch her tinder box. Aladdin refuses to give the lamp to the magician. The secret of the tinder box is discovered some time after the ascent from the hole, just as the secret of the lamp is discovered

by Aladdin after he emerges from the cavern. The dog appears to do the soldier's bidding just as the lamp genie serves Aladdin. The soldier wins his princess after fulfilling the difficult conditions of the Sultan.

A detailed analysis of the 'Tinder Box' does not serve our study. However, it may be useful to examine certain features of the tale. The hollow tree into which the soldier is bidden to descend, is like Aladdin's cavern yet unlike it in its genital symbolism. We are reminded again of certain infantile fantasies concerning the female genitalia. The belief that the woman has a penis like the man gives way in time to understanding of the existence of the vagina. However, the first theory relinquished with such difficulty may sometimes be fused with the second, so that we encounter in some unconscious fantasies the belief that the woman has a 'hollow penis'. In the tale of the tinder box the witch induces the soldier to go down into the hollow tree and fetch for her a tinder box.

The witch's tinder box, like the magician's lamp is 'a hidden object of great value'. In order to obtain the tinder box the soldier must strike off the head of the witch. In the symbolic act the witch is castrated and the soldier carries off the hidden object. We have little doubt about the nature of this hidden object. It must be the phallus, the hidden object, attributed to the woman. When we learn of the remarkable properties of this tinder box we are convinced. Through striking the tinder box one day he discovers the secret. The dog appears from under the tree and is ready to serve his master with all manner of riches. This is like Aladdin's genie. It is of interest too, that the tinder box, like Aladdin's lamp, is essentially a 'fire making' instrument. The rubbing of the lamp and the striking of the box which brings forth their magic properties are unmistakable allusions to the arousal of sexual sensations in the penis.

Like Aladdin, the soldier who 'discovers the secret' of the tinder box now overrides all obstacles and obtains the beautiful princess for his own. Through the acquisition of a magical device, the hero achieves the means of obtaining the inaccessible woman. The magical device, we have seen, is a penis which performs miracles.

Ali Baba discovers the secret of the buried treasure through another type of accident. He observes a band of thieves who stop near a large rock and unload their booty filled saddle bags. He hears the leader say 'Open Sesame!' and a wide doorway appears in the rock. The men enter and the door closes. Afterward the men are heard to say, 'Shut Sesame!' and the door closes. After the men depart Ali Baba addresses the rock with the same words. The cave opens and a store of silks,

brocades and heaps of gold and silver are revealed. Ali Baba provides generously for himself and sets up his household in lavish style. Ali Baba's brother learns of his wealth and blackmails Ali Baba into telling the secret. Now the brother sets forth, finds the cave and loads his mules with treasure, only to discover at the last moment that he has forgotten the words to open the door. The bandits find him and promptly kill him. They hang his body at the entrance to the cave as a warning to the trespasser. Now the bandits go in search of Ali Baba. They enter his house through a ruse, posing as oil merchants, and ask to store their oil in the shed. A bandit hides in each of the oil jars. A servant comes upon them by chance and saves her master and his household by pouring boiling oil on the thieves.

We have added a third magical act for the discovery of treasure. To the accidental discovery of treasure through rubbing the lamp and striking the under box we have, in Ali Baba, the accidental seeing and overhearing of magic words. The magical devices of Aladdin and the soldier and the accidents of their discoveries were seen to be the discovery of sexual pleasure in the penis, an initiation into sexual pleasure. But what of Ali Baba's discovery?

He sees the thieves, he hears the magic words and a door appears in the rock where no door was seen before. This suggests another type of initiation into a sexual mystery, one obtained through the accident of seeing and overhearing. The cave represents the body of the woman and the thieves who enter complete the symbolization of a sexual act. But we are intrigued by certain details of this description. The thieves with their booty filled saddle bags bring to mind an image of exaggerated male genitalia as seen through the eyes of children. The magical opening of the rock, the appearance of a door where no door was seen, must be an allusion to the childhood mystery of the female genitalia, the puzzle of the opening where no opening is known to exist. The idea of a magical opening of the door belongs, too, to the child's conception of coitus.

Ali Baba introduces a new character in the treasure hunt. There is the jealous brother who steals the secret. But the simple minded fellow forgets the magic words and is trapped within the cave. This method of disposing of a rival brother is a familiar one from ancient times to the present. Joseph was cast into a pit by his brethren. Many a modern child with the facts of life at his disposal has recommended to his parents that they put the new baby back into the mother. Trapped within the cave, the brother is discovered by the bandits, killed, and hanged at the entrance as a warning to other trespassers. The brother

also fulfills the classic destiny of the son who would "enter the mother" In the act of "stealing the treasure," the brother is discovered by the bandits who promptly kill him Ali Baba, of course, escapes such a fate

The devices of magic in these fairy tales recede or disappear entirely in the modern tales of treasure This is to be expected But in their place come other *accidents of discovery* which lead to a buried treasure

In the tales of pirate treasure, there is usually a map which falls into the hands of an upright young man who intelligently divines its meaning The map is sometimes illegible, sometimes described in code, or in other ways makes requirements on the intelligence and ingenuity of the treasure hero It is, of course, the map of the pirate who buried the treasure, many persons would give a great deal for it But the treasure hero comes upon it through an accident of fate.

In the most famous of all modern treasure stories *Treasure Island*, a small boy, Jim Hawkins, becomes the possessor of a map of buried treasure, through a series of curious events Jim is the son of an ailing innkeeper, who owns an inn on the sea coast Late one dark night an old sailor arrives at the inn with his sea chest. He is a furtive and suspicious fellow, asks many crafty questions of the boy, then demands lodging at the inn This is Captain Billy Bones Later the old man confides to Jim that he is pursued by enemies and engages the boy as a "look out" to give warning when a one legged man comes looking for Billy Bones For weeks Captain Billy sits in the tavern and drinks quantities of rum singing wild and mournful sea chanties

The ailing innkeeper dies and Jim and his mother are left alone Then come the mysterious men First comes the crippled blind man Pew, who frightens the boy into leading him to Billy Bones Pew delivers "the black spot," the mark of death, to Billy He leaves, and Billy fortifies himself with more rum and makes ready to escape but it is too late As the drunken old man attempts to rise he is stricken and dies of a heart attack.

There is no time to lose now, for the men are coming after Billy Jim and his mother go to Billy's chest The honest woman is determined that she will have what Billy owes her for his lodgings but nothing more Together they open the chest The mother takes a few coins to pay for Billy's lodging Jim takes a little pouch which he finds within the chest, a memento which seemingly has no value but has some appeal to a little boy Mother and son escape before the pirates arrive From a hiding place he sees the pirates enter and wreck the inn in their savage search for something which is missing from the chest Later, in safety and among friends, the little pouch is opened and is found to

contain a map. The Squire and the Doctor recognize it as a map of buried treasure. The treasure hunt begins.

Thus far we see that the little pouch in Billy Bones' chest is a descendant of Aladdin's lamp and the Soldier's tinder box. Like its magical forebears, it is an *object of seemingly little value, buried or hidden within, discovered and taken by the treasure hero, and found to be the key to infinite wealth at a later time*.

In Treasure Island, the Squire engages a ship and Jim and the Doctor join the expedition in search of the buried treasure. The Squire, a lover of good food, provides himself with an excellent cook, a former seaman, a one-legged fellow who hobbles about on a crutch. Only Jim suspects that Long John Silver is the one-legged man who pursued Billy Bones. But his fears are easily put aside by the others and by the ingratiating manner of Long John.

Halfway through the voyage Jim makes another important discovery. While looking for an apple in the huge barrel below deck he climbs into the barrel to reach the apples at the bottom. While thus momentarily hidden from sight he hears voices as Long John enters the room with several other sailors. From within the barrel Jim *overhears the plot* of Long John and his henchmen for capturing the ship and obtaining the map. In this way Jim and his crew are forewarned of the danger and are able to save their lives. The information does not prevent about a hundred pages of warfare between the two groups and at one point the capture of Jim by the pirates. In the end the treasure is found to be already in the hands of a marooned sailor who has spent his five years on Treasure Island in the discovery and excavation of it. He gladly shares his wealth with Jim and his friends in return for passage home. The story ends with an uneventful trip back to England with the pirates dead or marooned, except for Long John who returns a prisoner but escapes toward the end. Stevenson apparently developed an affection for Long John which prevented him from killing off the wily pirate in good style.

We are interested in some of the old and some of the new features of this more modern treasure tale. The discovery of the map concealed in the little pouch in the seaman's chest has already been mentioned in connection with the magical device of the fairy tales. But there are certain obvious differences in the relationship of the magic lamp or tinder box to discovery of treasure, and that of the map to discovery of treasure. All three are 'concealed objects, and objects of seemingly little value. But the magic lamp and the tinder box have the distinction of being phallic symbols, which give up their secrets through an acci-

dental manipulation. The map in this story has the properties of (1) belonging to the wicked man (pirate) (2) concealment in an enclosed place (first a chest then a little pouch) (3) disclosing a secret which leads to wealth. But here the similarities with magical devices end. The map only tells where the treasure is buried. It contains knowledge which can be acquired through intelligent interpretation of its hieroglyphics. This is an intellectual discovery of a secret in contrast to the devices of the antecedent tales in which the secrets of the lamp and tinder box are acquired with the hands.

The map reveals the place where something is hidden. We recall now the interest in maps which we saw in *Danny*. We were able to follow in the case study a line of development from an absorption in maps and places on the maps to a strong curiosity regarding the anatomy of women. The map in the pirate treasure stories always answers the question: Where did the pirate bury the treasure? We have seen earlier in *Jimmy's* stories that burying the treasure has the double meaning of burying the penis (treasure) in the mother and burying the child (treasure) in the mother. The question of where the treasure is buried must then have to do with an anatomical mystery, the mystery of the female vagina which has confounded every curious child. Where is the place in the mother? The discovery of the map in such stories must correspond to the discovery of a necessary piece of information regarding origins. This discovery of the place where the treasure is hidden corresponds to Ali Baba's discovery of the mysterious door which opened into the cave. There are even a few reminiscent details of Ali Baba in *Treasure Island*. Jim watches from his hiding place as the thieves break into the inn and wreck the furniture as they search for something which is missing from Billy's set chest. Later he overhears the pirate's plot to seize the ship and steal the map. The details of watching and overhearing in these two isolated episodes are points of high tension in the story. One wonders if this watching and overhearing which have to do with the search for the map and the treasure have a symbolic meaning in themselves. The thieves who break into the house, seeing an act of destruction, are familiar in dream language as the representation of a sexual act once seen through the eyes of the child. In the infantile conception such an act is seen as an attack upon the woman and a theft from the woman. The overhearing of the plot to seize the ship seems to belong also to such an observation. Here to seize the ship might represent the forceful taking possession of the woman and the overhearing of the plot, an overhearing of the sexual act.

The figure of Long John Silver deserves some mention. He is the one-legged leader of the pirates, oily and ingratiating, and at the same time a man who has known violence and is capable of violence. Long John has sought this treasure before on *Treasure Island*, we are told in the story. We are not told how this pirate lost his leg, but there is a strong suggestion that this may have come about through one of the occupational hazards of his profession. We are reminded of the misfortune which befell Jimmy's pirates when they opened the treasure chest. A bunch of lions were concealed inside and bit off their heads.

In spite of a fast moving plot and terrifying events which reach a climax when Jim is almost killed, the last part of *Treasure Island* is something of a disappointment. For after all, Jim Hawkins and his friends do not discover the treasure. Someone has been there before them. The old marooned sailor has employed his five years on the island in a leisurely excavation and storage of the treasure. Although he will share his treasure with the others in return for a voyage home, we admit to feelings of disappointment. "Someone has been there before, someone else got the treasure first."

It is another kind of "map" which leads to the discovery of treasure in Poe's "The Gold Bug." Properly speaking, the scrap of paper discovered by Legrand, in this story, was not a map of the place but a cipher which, when interpreted, established the description and the location of the treasure buried by Captain Kidd on the Atlantic Coast. Marie Bonaparte has analyzed the treasure theme in "The Gold Bug" minutely for purposes of her study of Poe. So far as our analysis here is concerned I should like to call attention only to one detail.

There is a quasi-magical feature in the discovery of the secret code. A scrap of dirty brownish paper is found and used to wrap a specimen beetle. Through the accidental exposure of this insignificant scrap to the heat of a candle, certain outlines appeared which aroused the suspicions of Legrand. When he holds the bit of vellum to the fire a number of characters take form which produce the cipher. It has been written in invisible, "magic" writing.

Again we have a "magical device" which leads to the discovery of treasure. But like Billy Bones's map, this requires an application of intelligence to the solution of the problem, to the "discovery." The cipher "tells the place" after Legrand ingeniously discovers the code. We have already suggested that the discovery of the map which "tells the place" refers to a necessary piece of intelligence in the unraveling of a sexual mystery in childhood. The idea of "invisible writing" in "The Gold Bug" may very well belong to the "invisible place," the "unknown

place" of the sexual mystery. We are reminded of Ali Baba's mysterious, invisible door which opened in response to the magic words. In this sense the factor of invisibility, which belongs to the 'unknown place' of the women, is placed in the context of the secret code, the map which tells "where." It is of some interest that the invisible code is revealed through exposure to fire. Here, again, the relationship of fire to sexuality is brought into play in a magical act, as in Aladdin and the "Tinder Box."

The analogy between 'burial of the treasure' and the agricultural 'burial of the seed' is so obvious that it hardly needs mention here. However, it may be worth while noting that in the child's conception of procreation he frequently construes human intercourse as a digging and burial of the seed in the woman. Such a detail as 'digging a hole' may be literally carried over in the child's mind to explain coitus. I recall the theory of a two-and-a-half-year-old girl who developed a serious neurosis following an observation of coitus. The child maintained that 'the man made the hole,' that the penis was forcibly thrust into the woman's body like the hypodermic needle which had been thrust into her by the doctor when she was ill.

The agricultural theory was once carried to an extreme by an ambitious six-year-old I once treated. He confessed to me one day that he had stolen a package of cucumber seeds from the dime store and buried them (package and all) underneath a telephone pole, 'so maybe me and my mother can have a baby next summer.' The unique site of this burial pointed to the anatomical misunderstanding which underlay many of his confused theories of origins. Is this why treasure is so often buried "under a certain tree" or so-and-so many paces to the left or right of the old oak tree? Are such prodigious phallic symbols a key to the errors of reckoning which foil the child in his first attempts to 'find the place'?

There is another story which invites our study. I would like to propose that "The Rocking Horse Winner," by D. H. Lawrence, is a story which belongs to the family of treasure tales. It must be admitted that it does not immediately appear to be one. It has neither magicians, pirates nor buried treasure. But let us review the main lines of the plot. The small boy who is the hero of "The Rocking Horse Winner" is the son of a vain and ambitious mother and a luckless ineffectual father. The mother, a spoiled creature who grew up in a family of some means, complains bitterly and incessantly of her husband's failure to provide for his family. To Paul, the little boy, the house he lives in is a haunted



house in which the very walls whisper, "There *must* be more money! There *must* be more money!

Through the family's gardener, a kindly and sympathetic friend to the boy, Paul becomes interested in horses and in racing. Through the gardener, Paul places small bets at first, and he proves to have an uncanny talent for picking winners!

For Paul has discovered a secret. He must ride his rocking horse long and furiously and then the name of the winning horse will come to him. When it gets there, he explains, 'I *know*!' Within a very short time Paul's winnings are compounded into dizzying figures. The gardener and Paul's uncle, too, who is in the secret, have come to look upon the boy with awe.

His winnings, Paul decides, must all go to his mother to make her happy and to get for her all the things which she longs for. He arranges through his uncle for regular sums to be sent his mother under a plan which will not disclose their real source, so that his own part in the gift cannot be suspected by her.

But even with this new source of income and the luxuries which the mother now enjoys, there is still not enough money. The house still whispers, 'There *must* be more money! Paul's rocking horse is driven to new lengths. The furious rocking in the nursery becomes a sight too frightful to behold. The nurse pleads with Paul's parents to intervene, for the little children of the family are frightened by these rocking orgies. Even the cold and disinterested mother becomes concerned now.

The Derby approaches and Paul is frightened by a decline of his powers. He cannot call up the name of the Derby winner. Paul becomes ill. He is warned that he must not ride his rocking horse again for the parents have divined some relationship between the illness and tension of the child and his mysterious riding of the rocking horse.

The night before the Derby Paul is put to bed and the parents go off to a party. When the parents return, the mother has a strange feeling that something is wrong. She goes up to the nursery, throws open the door with fear, and is terrified by the sight of Paul savagely rocking his horse, his eyes fixed and glazed with fever. He murmurs the name of a horse and collapses. From his sickbed the child tells the name of the Derby winner to the gardener. He is gravely ill now. As he lies dying he faintly hears the old gardener tell him that his horse has won.

A poor summary like this cannot do justice, of course, to the story by Lawrence. Recounted with these bare details its theme sounds almost maudlin. What is it then in this story which appeals so directly to the

senses? How do the implausible details of this story evoke such genuine and deep-felt emotions?

The story is not meant to be plausible. This much is apparent. Its meaning and its appeal to the emotions lie entirely in its innocence and its character of a childhood daydream. It belongs to the category of little boy fantasies which are universally familiar. It is Aladdin's story and Jim Hawkins' story and possibly the story of all ancient and modern treasure hunters—the poor boys who accidentally discover a secret which leads to the acquisition of great wealth.

Mother is unhappy, such fantasies begin, often enough with some truth. Father is poor and there is never enough money. Or Father does not make her happy. If I were rich I would give all my money to mother. I would give her everything she wanted. And she would love me best! But I am not rich. Supposing. And now the daydream proper begins. How can I get rich? I am digging in the garden one day when I see a little tin box. I am walking down the street one day when I see a purse. I find a scrap of paper and I am just about to throw it away when I see something written on it. There are endless variations to such daydreams.

There is a second daydream which also makes its way into *Rocking Horse Winner*. It is one of the earliest dreams of unrequited love and a great sacrifice. Nobody loves me. They will be sorry when I'm dead. They will cry at my funeral and then they will realize how much they love me—but it will be too late. An imaginative child will visit his own funeral in this fashion and succeeds at such times in becoming his own chief mourner. These childhood fantasies of an unrequited love seem to belong to the early love of a child for an inaccessible object who cannot gratify the child's wishes. In clinical practice I have seen how this fantasy represents the child's grief in the surrender of his mother as object of his first love. The mother doesn't love the child. To die in these fantasies represents an act of revenge and an act of mourning for the lost love and for the self.

In *The Rocking Horse Winner* both of these common daydreams of childhood are combined. The little boy makes his mother rich through the discovery of a secret and he dies at the end while the cold and undeserving mother is prostrate with grief. There is even a close relationship between these two themes in the story and I should like to go into them further.

Where does the rocking horse fit into this childhood fantasy? How is it that Paul rides his horse and when he gets there, he *knows*? The weird and uncanny effect of these rocking scenes in the story must

derive from a more profound experience in childhood than any induced by mere nursery rocking horses. This violent, rhythmic rocking and its climax corresponds to masturbatory activity. And now we return to a familiar theme in the tales of treasure. For when Paul "gets there" on his rocking horse, he "knows" the name of the winner. This is the discovery of a secret, the acquisition of secret knowledge which leads to riches, which we have already encountered in each of our treasure tales. The rocking activity on the horse is reminiscent of the rubbing of the lamp and the striking of the tinder box.

There is a further connection between the fate of Paul and his "rocking to win." For Paul grows ill from his incessant and frenzied rocking of his horse, we even have the impression, from the original story, that he has become "queer" and strange, "crazy," in a sense. We understand how this growing ill or "going crazy" belong to masturbatory threats to children and to the beliefs of children regarding their masturbation.

We must conclude that in all these stories, the recurrent theme of a magical act or discovery (masturbation), which serves as a means to the acquisition of great wealth, strongly suggests that these dreams of fortune belong to the masturbatory activity, we should say are masturbatory fantasies. In the purest form of these tales, the fairy tales for example, the discovery of the treasure, or of great wealth, now enables the hero "to do anything he wants" and, like Aladdin and the Tinder Box soldier, to overcome all obstacles between him and an inaccessible woman (the princess). This element, too, seems to belong to the masturbatory fantasy in which the inaccessible mother (princess) is sought.

But how is it that in so many of these stories the acquisition of great wealth becomes the *sine qua non* for the fulfillment of the incestuous wish? I do not wish to ignore the real factor that to obtain a Sultan's daughter one must have wealth, but there must also be a deeper unconscious relationship between these two elements. Then I am reminded of an adult patient who was once seen by me at a social agency. The patient described a game which frequently absorbed him, a game with some compulsive features. He counted sidewalk squares on the route from a bus stop to his home. Each square was worth \$10,000 in his game. If he avoided stepping on the cracks he awarded himself \$10,000 and accrued earnings as he went along. If he stepped on a crack he forfeited all his "earnings" up to that point. His goal in these games was to make a million dollars. He had never achieved it.

Neither the patient nor I understood these games for some time. Then one day, while associating to a dream, the patient recalled a game

which he used to play as an adolescent. The boys would ask each other, 'Would you do it with your mother for a thousand dollars? For ten thousand? For fifty thousand? My patient found himself incorruptible. But when he was asked, 'Would you do it with your mother for a million dollars?' my patient did not admit to the others a gnawing doubt within himself. After all, he argued with himself, a million dollars was a lot of money. The sidewalk game, then, had the meaning, 'If I had a million dollars I could do it with my mother'."

We have the impression, from the game and from the fantasies of children, that the incestuous barrier does not exist for those who have great wealth. The rich man can do anything he wishes. One wonders if the persistence of this belief derives from a historical truth. For the very rich until modern times were noblemen, and men of royal blood. The members of the royal families, especially in ancient times, were exempt from incest taboos. As descendants of the gods they had the prerogatives of the gods and this included the right to incestuous relations.

#### IV

These tales of the buried treasure and the discovery of great wealth are among the oldest daydreams of the race. These are the longings of childhood which live on in the unconscious memory of the grown man. Their ageless appeal derives from the universal and perennial mystery which confounds the child in his first investigations of origins. In every life there is this momentous discovery of the secret through an accidental touching or an observation, a revelation of the 'magic' of the genitals. And always there has been a magician with greater powers and a secret knowledge which is denied to a poor boy. There is the childhood mystery of 'the place' where the treasure is hidden, the mysterious cavern which has no door, the hidden place deep under ground. And there is the unwavering belief of the child that if he should have the magician's magic lamp, the pirate's map, the key to the treasure, the knowledge of 'the place,' he could win for himself this treasure of treasures. In this ageless daydream of childhood, the poor boy who has nothing steals the magician's secret, the pirate's map, and outwits the powerful opponent who stands between him and the treasure.

# SOME DISCREPANCIES BETWEEN PERCEPTION AND AFFECT AS ILLUSTRATED BY CHILDREN IN WARTIME

AUGUSTA BONNARD, M D (London)

## I

Surprising though it may seem, very little has been written by those who experienced the air raids of the last war, as children. Perhaps it is still too real a subject for their elders, to seem worthy of publication, or of being read for pleasure. Ten years would, however, seem to be the required passage of time for literary romanticization of a common experience, or for a new idea to be accepted as familiar. My guess is that this is also likely to be the requisite period for certain neurotic symptoms to be attributed to wartime happenings. Yet, in my article entitled "War Trauma in Children, Real or Imaginary" (1951), I contended that no true case of traumatic war neurosis had been seen by me, during the year 1945 or onwards. The observations made, and the illustrative cases described, of faulty attribution to experiences specific to war, were all derived from my clinical work as Consultant Psychiatrist of the East London Child Guidance Clinic, situated in a much bombed area of London. *Nor has a case of war trauma presented itself since, although present-day mothers are beginning to stress the traumatic significance for the patient of having been a shelter dweller in babyhood, or of its having been involved in a bombing experience.* My negative finding, i.e., absence of traumatic war neurosis, was explained as follows. That a child's immediate reactions to bombing and other such war experiences (excluding those in which a love object is killed or badly maimed) are based on the behavior of familiar and trusted parent figures. In instances where the adults acted in a panic-stricken or irrational (mad) way, the child reacted with terror to their conduct, rather than to the external circumstances which caused it. However, after a sufficiency of exposure to such adult intimidation, its external precipitant, i.e., air raids, became secondarily invested with fear. It was also suggested that most

of these wartime experiences merely provided the vehicle and stuff out of which current fantasies were spun, in much the same way as with peacetime happenings. The latter are not always pleasant nor peaceable, any more than is the content of so many well beloved and sadistically toned fairy tales. Little however, was directly said in this article, of the likelihood of the young child's capacity for understanding the true meaning of the dangerous onslaughts to which it and its love objects were being subjected. Nevertheless a case was cited of a boy who had comprehended the threats of bombing by the age of three and a half years.

When brought to the Clinic he was a very disturbed eleven year-old. He had been placed in a residential school (nursery department) in the country at the age of three and a half years both because of the air raid dangers of London and because of a well-established eating and behavior disturbance. The mother was well aware that there had been some connection between certain aspects of his wild conduct and her own behavior during air raids. She also knew that the latter was of a similar quality to her childhood reaction to thunderstorms. She maintained that her parents often left her alone in the house. Should a thunderstorm break out she would run out screaming in her nightdress to the neighbors next door often without waiting to confirm whether or not her parents were absent. During air raids it was her practice to behave similarly and snatch the sleeping child from his cot and then race wildly to the shelter. It became clear during analytic treatment that the child linked his spoken fears for the safety of his mother in London (before the age of four years) with the early development in boarding school of the symptom of repeated falling out of bed. He likened his falls to the cover memory of a bomb which he said he both saw and heard whizzing (i.e., screaming) down into the school grounds. It became understood by us that he identified his own wild person with the attacking bomb but also as will be realized it served as a condensed representation of his mother and her conduct during air raids. It should be added that the relationship between mother and son was of an extreme sadomasochistic pattern. This case shows how the child both understood the external source and meaning of reality dangers to which he knew his mother was continuing to be exposed and secondarily confused them (via a double identification) with his own and her unrestrained impulses.

This brief clinical illustration is cited as evidence of the writer's awareness that even young children may understand the source and nature of external reality threats even though the process here described of their confusion with uncontrolled instinctual impulses may then bring about striking consequences to the child's psychic reality, as in this case. It further exemplifies as did the rest of the series of six

disturbed children described, how the wartime phenomena of bombing came to provide suitable reactivating stimuli or to be impressed into the service of pathogenic ego defenses. These were selected because they presented a striking common feature namely that of purposive misunderstanding by the children, of war happenings (whether real or imaginary) in order to avoid the conflicts arising out of a pre-existing and irreconcilable problem. In the series there was one case which offered an apparent contradiction and exception. In so doing it both confirmed the absence of traumatic neurosis and the presence of an irreconcilable problem.

It concerned the only case a boy who had suffered real albeit undetected injury in consequence of a nearby bomb explosion. His mother brought him to the Clinic complaining that during the year subsequent to this bomb incident, he had become increasingly negligent in knocking into breakables, was irritable, unruly and suffered from nightmares and recent squint. It fell to my lot to notice that his left lens was opaque and blind and then to demonstrate to the child that he was unaware of the fact. The condition was subsequently diagnosed by the ophthalmologist as a cataract consequent on the developed outcome of intraocular commotion due to bomb blast. The physical blindness explained his clumsiness and squint, while the hysterical repression of his disability drew attention to the castration fear which lay behind his irritability, truculence and nightmares. There were other highly instructive features about this case such as the development of a mild compensation neurosis. All that will be said here is that the boy repressed the blindness resulting from his reality war trauma in order to deny the greater fear of symbolic mutilation which had preceded it.

Interestingly enough there were two other boys in the series with physical disabilities. One child had a congenital absence of an outer ear which he told me but to no one else, that he remembered clearly as having been present until torn off by a bomb at one year of age. The other boy had both legs paralyzed in consequence of poliomyelitis. He well knew the Germans had done it, until reminded, in the course of psychotherapy that he must once have been told that germs were his assailants. In these two instances knowledge of war injuries through bombing was used both to exonerate the parents and to elevate physical disabilities to a heroic plane.

Of the two girls described, one was a case of elective mutism ever since at two and a half years her home was blasted and she was carried to our hospital by her obsessional mother because even her eyes were so filthy that they had to be cleaned out, so you can imagine her state. Unusual talkativeness then changed, with this experience of over all soiling and cleansing to refusal to speak in the presence of anyone other than her family who were with her at the time of bombing. The mutism turned out to be based on the shame and resentment of having perpetrated a fantasied gross anal accident, too

disgusting for her mother to cope with herself. Ambivalent and omnipotent sphincter control was then transferred to her imposed limitation of the use of words. This mother prided herself on the fact that by dint of hourly potting both this girl and another daughter had been completely habit trained from four months onwards. There were other environmental features connected with loud noise in this child's life which converted the involuntary and incorrectly perceived anal explosion of bomb blast both into an irreconcilably shameful and pleasurable breakthrough.

The last case also a girl is too complex to describe. All that will be said is that her shaking and tremor reaction i.e. multiple *us* to dive bombing at four and a half years was a precise reactivation of her symptoms when struck on the nose as a still younger child when lying in bed in the parental room. Her nose bled a lot. The irreconcilable problem behind her present fugue states of wandering and her remaining eye *ie* (a symbolic "open shut" movement) hinged on resentment of enforced ignorance and fear of the consequences of enforced (scotophilic) knowing. When seen at thirteen years, her mother had told her nothing either about menstruation a bleeding which she then ignored nor the almost simultaneous recent birth of a sister whose congenital absence of one leg was being concealed from her. The eye *ie* is the Ariadne thread leading back to her first hurt and alarm sustained in psychically traumatic circumstances.

In all six instances these disturbed children have shown both an understanding and a preconditioned misconception due to conflict of the nature and consequences of bombing events.

Nor should a lesser capacity for proper comprehension be ascribed to the many normal children whose behavior was easy and even cheerful during air raids. The delightful article entitled "Taking Shelter, by young Miss Pamela Holloway and here reproduced in  *toto* by kind permission of *The Observer*, one of our Sunday newspapers affords us a rare confirmation of such childhood wisdom. As we know from our analytic work children can be among the acutest of spectators even of silent circumstances without affording the adults any evidence of their insight not even when it is accompanied by anxiety. Children are adept at taking note of discrepancies between the emotional state of the adult and of their manifest behavior. More usually it is the latter which the child consciously mirrors on the basis of knowing that this is what is expected. Indeed the child looks to and is reassured by adult mastery of emotional states since it is predisposed through primary identificatory processes to react to these as if to an irruption or summation of its own *id* forces. In so far as the child attains a similar quality of elective (ego ideal) self mastery, the mechanisms of its achievement provide an excellent distinction from those governing



the formation of the superego. In the former type of control of untoward affects the child is responding to (ego ideal) adult behavior, which, be it noted, contains no injunction nor veto on itself. The adult evinces a power which does not bear upon invidious comparisons, nor upon threats, but on the child's desire for empathy. It should also be noted that, in so far as the child can emulate the adult in this and similar respects its narcissism obtains conflict free gratification, further enhanced and ratified by the giving of praise. Another differentiating feature between these two psychic systems is that whereas, in superego mechanisms the element of imposed veto is never missing direct gratification of the individual's own narcissism always is.

These remarks serve to introduce the first wartime literature of its kind, which has come my way. It shows how a child recalls her air raid experiences, and how, in so doing, she offers unconscious tribute to her adult environment. This article, as stated, was published in *The Observer* in January, 1954, exactly three years after my own, and of which it affords both a charming confirmation and a healthy contrast. Miss Holloway writes of how a little girl stilled her own shrewd perceptions of danger, and transmuted their occasion into memories of unalloyed 'joy and ecstasy'.

## II

### TAKING SHELTER<sup>1</sup>

by

Pamela Holloway

Since I am now only sixteen I can remember quite clearly what the war was like for me and I can only say that I enjoyed it immensely.

Every evening just as we were having tea we would hear the sirens and have to gather together the things we wanted and flee to the small deep shelter which was at the bottom of our garden. There was a little ladder to climb down into the shelter itself and I used to be passed down to my mother inside by my father outside.

We shared our shelter with the people who lived next door. At that time our gardens were separated only by a small low fence and at the end of this we had a little gate. At the beginning of the war this gate was painted white so that we could see it in the dark, and I can still remember the strange magical air that hung about it glimmering in the blackness.

Inside the shelter we would have a lovely time. My mother used to read

<sup>1</sup> Reproduced by kind permission from *The Observer* Sunday January 3 1954

"Winnie the Pooh to me and draw for me in her diary She would I remember tell me long rambling stories and illustrate them as she went along so that the plots became more and more complicated and diffuse but it didn't matter because each illustration called for fresh invention

### *Fantastic Rites*

Then of course we used to eat and drink things in our shelter and I remember now how exciting it was to be under the ground eating in the middle of the night I fancied us as strange savages with wild fantastic tribal rites or as Irish pixies who lived under the earth all the while or as witches hiding from the knights who were seeking to slay them I thought of us as anything except what we actually were and it never once occurred to me to wonder why we were doing such peculiar things at such peculiar hours.

At the bottom of our garden is a park and during the war there were shelters in this park. Until we had our own shelter we used to go into them. I remember that we took our kitten with us and thought his mane purring was enemy bombers overhead and that there was a man there with whom I thus became great friends who used to bring pieces of Ryvita with butter and cheese on them every night, and he used to share these with me We never spoke much I know but these mysterious nocturnal feasts of Ryvita were better to me than any Arabian Night feast

### *Songs and Dances*

But when the air raid was on and we were in our own little shelter our neighbour's father who was a firewatcher or something like that used to serenade us with his own exciting rendering of Bless Em All which he would sing down a sort of iron pipe leading directly into the inside of the shelter from the outside presumably to provide us with a r I have a strong feeling now that he used to be rather drunk in order to sing his song but at the time I thought he was wonderful

And when the air raid was over and the all clear had sounded we would come up like moles from the earth and dance about in the garden in the moonlight Our neighbour's mother was a little old woman with a round wrinkled face and she used to hold my hands and we would prance about together singing Sally go round the Moon

I can still hear our voices rising sharply into the clear cold darkness and I can still feel with great intensity the freedom the joy and the madness No thought of fear or terror ever once entered my head or my heart, and I had no idea what the war was or what it could do

I felt then as I have never felt since that we were free to do the wildest strangest things that this magical midnight dancing and singing was the essence of life and that joy and ecstasy were all I could ever possibly feel or know

## III

Let us now examine Pamela's story in some detail, since it reveals not only this intelligent child's sharp perceptions of a frighteningly different reality from that which her adult environment calmly sought to preserve for her, but also some of the elements of a cover memory. It will be noted that the most striking quality of these air raid experiences is one of limpid joy. Indeed, both this quality and its historical setting could be taken as a literal illustration of the saying, 'Everything in the garden is lovely.' This is an illusion which the adults strove faithfully to sustain. But she also unconsciously shows how she shared the adults' determination not to admit to fear in order that all could suffer it with courage and gaiety.

The fun appears to begin when she says, "Just as we were having tea we had to flee, to the small deep shelter." Now, tea time in Britain is very much a social event even for children, for it has little of eating for your own good about it. In other words, no one likes to have it peremptorily curtailed except for a still more attractive event. We are, therefore, straightway led by Pamela to the assumption that recurrent precipitate flight is fun enough, in itself. However, the "small deep shelter" provides the first contradiction. If the child could assess that it was (actually) small, especially in relation to the few adults in it, then the same quality of proportionateness should apply to its depth. In fact, she does assess its lack of depth via the allusion to the little ladder. This proportionateness would be the case, even after allowing for the relative immensities deriving from oneself being a small child. In point of fact few of these garden shelters were much more than six foot deep, their curved roof, which gave headway, usually being above ground level. In other words, her description is either an instance of denial of insecurity, or else a faithful reflection of its defensive utilization by the adults. However, the tenor of the rest of the article suggests the former explanation, as does her repetition of the distinction of outside and inside the shelter.

Pamela goes on, at relative length, to describe her mother's controlled efforts to amuse her with 'long rambling stories more complicated and diffuse but it didn't matter because every illustration called for fresh invention. Here, she shrewdly sums up the truth of the saying that Necessity is the mother of invention and that she knew, only too well that these were diversionary tactics. The operative phrase is, 'but it didn't matter.' This is surely a displacement or interpolation of

the adult's studied remarks concerning the unimportance of the external happenings, and also the child's own sporting determination to play in with her mother's efforts

The next paragraph, entitled 'Fantastic Rites' is of especial interest, including the title Pamela, from the historical data provided, of 'every evening at tea time,' must have been referring to the 'Blitz' period of September, 1940, and onwards. The whole of the paragraph, including the title, exemplifies the creativeness of the processes which govern secondary elaboration and the formation of cover memories. At these early ages, many of the daily activities of adults still figure only as 'rites' in the child's eyes i.e., some are merely more fantastic, and others merely less so. What would seem truly fantastic is that these 'rites' (routines) should suddenly become so radically changed or even overthrown, especially in a middle class milieu. The erratic quality of overthrow of superfluous 'rites' would, however, contribute a reality element to the child's joy. Happenings then do set out to become stranger than fiction, when the adults appear to become happy-go-lucky about previously important 'mores' and hence arises part of the incredulous quality of her series of overdetermined fairy tale like or mythical explanations. She says she fancied they were as 'strange savages with wild fantastic tribal rites or as Irish pixies who lived under the earth or as witches hiding from knights who were seeking to slay them. With the exception of the 'realistic' allusion to pixies living under the earth it will be noticed that 'savages' and 'witches' denotes a reversal of behavior as well as of roles. They, the innocent, become converted into figures of the id incarnate while their would be slayers become 'knights'. These, as every good schoolchild knows, were individually characterized by Chaucer as 'a very parfait gentil man'. This mechanism of reversal or interchange between subject and object is one of the ways in which some children rationalize and reconcile themselves to subjective maltreatment, whether when sent away into hospital for an operation or to evacuation to the country, in war time, or apparently, to being bombed. In line with other introjected threats, injunctions and criticisms of a strict superego, the child accepts guilt on the basis that it must indeed have behaved so naughtily, that it invited punishment. In this way, by deserving its fate, it protects authority figures from its own hostility (here displaced onto enemy bombers) and itself from the passive situation of being somehow unlovable. The choice of 'Knights in armour seeking to slay them,' further suggests a pun on the word 'knight'. If this be so then it indicates the child's adoption of counterphobic measures against fear of the dark.

The remarks that then follow " it never occurred to me to won

der why we were doing such peculiar things at such peculiar hours," present a flat contradiction to the title, i.e., "Fantastic Rites," of this paragraph. They stand in this juxtaposition as a practical instance of the serviceability of the mechanism of denial. Its necessity is explained and heralded by the preceding statement, 'I thought of us as anything except what we actually were,' i.e., denial of the awareness of being the helpless quarry, even though in the best of company. And now comes the crucial admission of knowing the source and meaning of the danger, yet keeping this a secret in order to hearten the adults. She says, 'I remember we took our kitten with us, and thought his *inane*<sup>2</sup> purring, was enemy bombers overhead.' In this way, the child could admit to 'practicing' accurate listening for the correct danger signals, by displacing the listening onto a harmless and controlled source, within, and not without, their shelter. Thereby she shows that she consciously tried, as did the adults, to refrain from passive hearing. But the key word here is "inane." Cleverly, she proclaims that the kitten was the only one among them which had not the intelligence to apprehend their reality danger. By displacement of this attribute of inanity to the kitten, she both sums up their situation, and everyone's deliberate pretense of insouciance.

In the next paragraph, she treats the adults more harshly for their pretense in the face of the obvious, and also, for the first time, she alludes directly to 'the air raid was on.' Thus, Pamela decides that their courageous neighbor must have been drunk when he remained on duty, outside the shelter, and would sing them down a benediction, presumably in order to offset the barrage of explosive noise. She may even have been correct in her diagnosis of some inebriation, but if so, then it was of a purposive degree, calculated to further, rather than hinder, collective courage. Evidently, as she implies, the jarring quality of his vocalization did not neutralize noise, but added a dissonance.

As the rest of the article so clearly *leaves out*, there is no direct reference to gunfire or bombs. Noise elements are allowed to gain entry, only through allusion to hearing the air raid sirens, the neighbor's song, the purring of the kitten, or the 'all clear.' Acknowledgment of relief is, however, expressed by the coming out of the shelter and dancing in the moonlight. Adults used to dread the extra illumination of 'The Bombers' Moon,' as it used to be known in wartime. Pamela combines this unwell come but beautiful light with that of the small child's unflattering delineation of her lively dancing companion, the wife of the doughty singer. This active lady is recalled as 'a little old woman with a round, wrinkled face.'

<sup>2</sup> My italics.

In the last paragraph Pamela once again with the aid of the mechanism of denial and in a good social cause gives a description of which the indelible and crystalline quality is that of a cover memory. Her vivid portrayal of joyous ignorance of the reality circumstances of war is illumined by an iridescent quality of intense happiness described by Phyllis Greenacre (1949) as the halo quality of cover memories. It serves to transfix mixed or changing perceptions such as anxiety, boredom, fatigue, surprise, relief, affection, amusement, and criticism of adult madness into a single state of unforgettable bliss. Perhaps too it throws a little reflected light on the ego-syntonic mechanisms and supportive functions of the cover memory.

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# AN IMAGINARY COMPANION, REPRESENTING A PRESTAGE OF THE SUPEREGO<sup>1</sup>

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Thirteen (Svendsen, 1934) to twenty (Hurlock and Burstein, 1932) percent of our children go through a phase in which they play with a companion with a definite name and characteristic appearance but who exists only in their fantasy. The age at which this phenomenon most often occurs is between three and six. Although the vividness of these imaginations tends to frighten parents who often describe them as hallucinations, they are not a symptom of a psychosis nor are they indicative of a later outbreak of schizophrenia. Most parents are not aware of the fact that their children have imaginary companions, because the children anticipate that grownups would not understand this game and therefore hide it from them. Imaginary companions are not indicative of retarded mental development, the majority of these children are rather bright. Imaginary companions can be animals, older or younger children or adults. They can be used for scapegoats (devil), playmates or protectors (Superman). One would expect that this phenomenon occurs most frequently in only children, but this is not necessarily the case. We find these imaginary companions also in children who have real playmates. Sometimes two children have a common game with an imaginary third companion. Imaginary companions are not only substitutes for the mother or for a playmate, but can also be used as a defense against overprotection. From the point of view of child analysis imaginary companions are especially interesting, because a child finds it easier to project his own fears and hopes onto the imaginary companion and to communicate them in this form instead of confessing that they are his own fears and wishes. I have first reported the case to be described in the seminary for child analysis under Anna Freud in 1931. I could not find a similar case since then, but I still do not think that the phenomenon is a very rare one. Dorothy Burlingham (1945, 1946, 1953) has also mentioned it.

<sup>1</sup> Read at the meeting of The New York Psychoanalytic Society on February 12, 1952.

Rudy a boy of three was brought to me by his parents because he seemed to be hallucinating. At mealtimes Rudy demanded an extra chair for this imaginary companion whom he called Rudyman. If the mother told him to eat the soup he would answer "I first have to ask Rudyman." He then addressed the empty chair and asked Rudyman in a loud voice whether he should eat the soup. After moments of silence in which Rudy was supposed to hear the answer he said "Rudyman said I should eat the soup" and he ate it. Rudy was not disobedient nor especially difficult but he would never obey his parents directly. He always needed the sanction of Rudyman.

He had begun to develop this habit about three months ago. Before that time Rudy had seemed to be a rather sensitive child. Already at the age of ten months when he was given a new nipple for his milk bottle which apparently made it more difficult for him to suck, he would refuse the bottle after one ounce although he was still hungry. Later on when he wanted to crawl in a certain direction a no would offend him deeply. He could hardly be scolded without crying immediately. When the mother reminded him to use the bathroom he would become indignant and say "I know by myself."

Rudy's father a former army officer who later became a teacher a revolutionary in his political beliefs enjoyed being a leader not only in politics but also at home. Until the appearance of Rudyman the child had been especially sensitive toward orders coming from the father. From then on the father's commands no longer upset him. At the same time Rudy seemed to be more independent and more satisfied with himself. By asking Rudyman what he should do and by obtaining sanction from him he gave himself the illusion of being independent from the commands of his father. His narcissism was no longer disturbed by outside interferences because he could give himself the reassurance that he was not obeying his parents but only Rudyman his own companion. The name Rudyman could be explained in the following way. His own name was Rudy his father's name was Herman. By adding a part of the father's name to his own he had created a companion who was partly derived from his own person and who had partly taken over the glory omnipotence and omniscience of his father.

The similarity of this phenomenon with the figure of Jimmy Cricket Pinocchio's personified conscience might arouse a suspicion that Rudy had heard the story before but this was definitely not the case. His parents did not tell him any stories about imaginary playmates nor did they talk to him about conscience. This imaginary companion was Rudy's own invention. In contrast to Jimmy Cricket Rudyman was very tall taller than Rudy's father. Sometimes Rudy covered his ears because Rudyman talked so loud. His voice was a man's voice and stronger than his father's voice. When his mother scolded him he would protest and say that Rudyman had allowed him to do this or that. At other times he would cry or let his head hang as if in shame because Rudyman was not satisfied with him. Among other things Rudyman reproached him for impersonating a dog. When he was twenty-eight to thirty-three months old he had often played the part of a dog barking and bring and crawling under chairs a game which his



parents discouraged. Another accusation of Rudyman's dealt with an episode that had happened immediately before Rudy came to me. A friend of the family had bought a new car and showed it to Rudy and his parents and then took them out for a ride several times. Rudy's parents were duly impressed by the car, but Rudy was so enthusiastic that he did not want to leave the car. He would have liked to remain in it and to go to live with Arthur, the proud owner of the car. He became very affectionate toward Arthur, who responded good naturedly but realized that he had impressed Rudy more than he had wanted to. Rudy's parents felt hurt about the incident and expressed their jealousy frankly. Now Rudyman was just as jealous as Rudy's father had been before, the only difference being that he wanted Rudy to follow only him and not his mother or Arthur.

No attempt was made to stop the game with Rudyman until Rudy, at the age of three and a half, gradually replaced it by the impersonation of a train. Rudyman lost his libidinal cathexis, when he failed to prevent Rudy's getting frightened by the train. Later at the age of five after Rudy had heard stories about knights and had seen pictures of them, he would impersonate a knight, taking a pot cover as a shield and a ruler with a clothespin as a sword. In this game he would duel with an imaginary opponent whom he insulted verbosely, and whom he accused of all those things that he himself felt guilty about. I followed the development of Rudy until he was fourteen years old. He remained a somewhat introverted imaginative child. He did not show any signs of latent or manifest schizophrenia. In school he was conscientious but sometimes caused trouble because his opinions were somewhat radical and unconventional (as were his father's).

The case of Rudy lends itself to the study of narcissism. Already at the age of ten months, when he got a new nipple for his milk bottle which made it difficult to suck, he reacted in a way which would contradict any instinct of self preservation. His refusal to use this nipple and his angry crying become understandable with the assumption of a primary narcissism. The hypothesis of the inhibition of conditioned reflexes could not be applied because there was still some milk forth coming. Not his hunger was frustrated but his illusion of omnipotence. The fact that he later on seemed to enjoy obeying commands apparently contradicts this assumption. On closer scrutiny, however, I found that he enjoyed obeying commands, because they represented a new challenge to him, namely, to understand words and to demonstrate that he could do things. If we want to examine a case of aphasia we use commands as we do with a small child, "Show me your eyes show me your nose." Such commands do not offend a person's narcissism. These were the commands that Rudy enjoyed, but when he wanted to crawl in a certain direction and was told not to, he would be deeply hurt, because this represented to him a severe limitation of his freedom. When com-

mands, instead of being a new challenge, became a restriction, he became indignant and would say, 'I know by myself' In this form, i.e., by making the commands superfluous, he regained the illusion that he was acting of his own free will When a dog frightened him he became a dog himself When the train frightened him, he became a train This playful identification with the aggressor was not only a defense against anxiety, it also increased the strength of the ego by the illusion that he could be as powerful as anything that he met and that he feared The Rudyman game could be explained in a similar way In the first case, 'You can't frighten me, train, I am a train myself' In the second case, 'You don't have to tell me, father, I have a Rudyman myself'

We may wonder, however, and ask why he did not directly identify himself with his father Why did he need the detour of the Rudyman game? The episode with Arthur which preceded the Rudyman game seems to offer the clue His parents did not contradict one another in their dealings with him and he therefore could not play one against the other, but in Arthur he had found a second authority, one which by its very presence punctured the omnipotence of the first authority In Rudyman, Rudy established a second authority and one which would not arouse his parents' jealousy We also have to consider the factor of maturation Before the age of thirty three months he apparently was not able to establish so abstract a game without a physical substrate (Gesell and Ilg, 1946) He did not endow a teddy bear, for instance, with magic powers Rudyman was to others as invisible as Jehovah He had another feature in common with Jehovah Rudyman did not tolerate any other authorities besides himself It was apparent in many instances that Rudyman would repeat the expressions and reveal the whole system of values of Rudy's mother Yet Rudy insisted that when this was said by Rudyman it was in a man's voice Everything feminine was definitely eliminated from Rudyman

In this way he demonstrated that a boy can have a male superego, although it is mostly the mother who gives commands and implants values In Rudy's family, it was the father who was the head of the family In order to brace himself against him, he needed a Rudyman who was more powerful and taller and had a louder voice This coincides with my experience with female homosexuals who had powerful fathers and male subject homosexuals in whose childhood the mother was the head of the family Rudy demonstrates clearly the narcissistic root of the ego ideal which Freud had postulated already in 1914 Rudy demonstrates still another peculiarity of the superego In Rudy's case, we see several ego-ideal formations following one another the dog Arthur,

the father, the train, the knight Rudyman does not permit any other ego ideals, as a matter of fact, he reproaches Rudy for his identification with the dog and with Arthur.

The unification of the superego is a phenomenon which ought not to be taken for granted. A fully developed, normal superego is like a code of law with elimination of any contradictions, with fixed rules and fixed exceptions from the rules and with a well staggered system of values. In previous contributions (1950, 1951), I have outlined the complications brought on by the coexistence of two different value systems or by a parasitic superego. In schizophrenia we often see a disintegration of the superego with the different sources of its origin projected in the form of voices of different people. There is no systematization in the id. Where does the unification of the superego come from? The case of Rudy seems to indicate that the father's jealousy is taken over into his introjected image, and insists on a repression of other ego ideals. A superego is not a hodgepodge of accidental introjections. In the phallic phase or shortly thereafter, there occurs that decisive introjection of the father (in other cases, of the mother) which takes over the organization and unification of the superego, digesting previous acquisitions and assimilating later acquisitions. In group formations the ego ideal of the leader replaces the father in this function. It would be worth while to collect similar cases of imaginary companions representing projections of prestiges of the superego, because they demonstrate the formation of the superego in 'slow motion'.

These cases are even more interesting from another point of view. Rudy was still at an age when he was not quite sure about the make believe nature of Rudyman. His covering his ears because Rudyman was speaking so loud, and his crying because of the reproaches, was in no way different from the behavior of the paranoiac. On the other hand, in paranoia, we see prestiges in which the same ideas, which will return later as hallucinations and delusions, occur as illusions and 'silly ideas'.

In imaginary playmates we find the same narcissistic exaggerations (Rudyman is stronger than father, in other cases 'superman') as in the ideas of grandeur of the paranoiac. Rudy was in the late anal stage, like most of the children in whom these imaginary playmates first occur. The splitting off either of the prestiges of the superego or of different id drives is in no way different from the projection of the paranoiac. Even the function of this projection as a confession is the same in imaginary playmates as in paranoia (Freud 1914). (A very instructive case of confession through projection onto an imaginary playmate has been published by Theodor Reik, 1924.) The search for the point of

fixation in paranoia has led to the anal phase (Van Ophuysen, 1920, Starcke, 1919) The case of Rudy, and the study of imaginary companions in general, in my opinion, confirms this theory

In the normal development of the child, imaginary playmates have the function of a training in controlled illusions In a previous paper (1951) I have pointed out that controlled illusions play an important part in our adaptation to school and work, in our enjoyment of life, and most of all in our value systems. From this point of view, imaginary companions are not a pathological phenomenon but are helpful in the acquisition of a technique to enjoy a richer and fuller life

It might be worth while to add a few words about the problem of identification In *Group Psychology and the Analysis of the Ego*, Freud (1921) describes three forms of identification Besides the hysterical identification which is not of interest here, he describes identification as a primary object relationship (in a boy the relationship to his father from the oral phase to the inverted oedipus complex) in which the object is not given up but taken as a model A second form of identification is the change of character after the loss of an object, following the mechanism 'You don't have to long for the lost object. Love me, I have the same qualities as the lost object.' Freud (1939) gives a very clear example of this kind in *Moses and Monotheism*: an adult man, after the death of his father, changes his character very essentially by taking over a number of his father's characteristics

Anna Freud (1936) described a third mechanism of identification: identification with the aggressor Rudy confirmed Freud's findings that the decisive introjection for the establishment of the superego takes place after the passing of the oedipus complex, but this identification did not follow the mechanism of identification after the loss of an object (which is, in my opinion, overestimated in its importance for the establishment of a superego) but the primary identification which is of a narcissistic nature If the loss-of-object identification were decisive, it would have to create, in a boy, a motherly superego with the passing of the oedipus complex, because the only relationship which is reduced at that time is the relationship to the mother Nunberg (1932) is aware of this difficulty and speaks of female ideal formations which antecede the superego formation, but he cannot explain, in that way, why the superego of the boy has a male character

Fenichel (1945) stated that the mechanism of identification with the aggressor is responsible for the formation of the superego in certain cases but Nunberg emphasizes rightly that it is not possible to explain the superego as a reaction to aggression only, because there are too

many libidinal elements in it. Freud (1928) has demonstrated how important it is that the superego love and support the ego.

The phenomenon of Rudyman demonstrates how the ego ideal formation is used as an ego defense. By creating the illusion of Rudyman, Rudy preserves the pride in his omnipotence, while at the same time yielding to the demands of the outside world. This prestage of his superego as well as the real superego which Rudy established in his sixth year, after the passing of his oedipus complex, made it possible for him to bear disapproval and ridicule without losing his self esteem and without becoming dependent on other people's opinions, because, in these cases, Rudyman (and later his superego) told him: "You are a good boy." With a slight variation of a German saying, he could say: "I fear my Rudyman but nothing else in the world." In this form the superego and the forerunners of the superego provided the stability of character and the illusion of freedom, which are so essential in mental health. Indeed, freedom can be defined as the right to follow the commands of one's conscience.

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# SOME OBSERVATIONS ON MOTHERS OF CHILDREN WITH INTELLECTUAL INHIBITIONS<sup>1</sup>

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The observations I shall be discussing have not been collected systematically with the intention of doing research on the subject. They have been gained, as we usually gain material in psychoanalytic work, from cases which have come to us by chance, at intervals of several years.

In recent years our interest is turning more and more toward the relation existing between the child's disturbance and certain features of the parents, especially the mother, by which the child has been affected from his earliest days onwards. Simultaneous analysis of mother and child is beginning to give us more detailed insight into the interplay between them. So far, unfortunately, it is rare to have the opportunity of working on analytic material of both mother and child.

No analytic material is available of the mothers I shall be describing. One of them has been in analysis for some time but broke it off and her analyst, who has left the country, told me only a few details at the time. My direct knowledge of the mothers is confined to the talks I have had with them at varying intervals during their children's treatment in the course of two to three years. I have also used information gained from their husbands, where they were available, and of course from the children's analyses.

So far I have studied three cases in detail. A further case which I have supervised, namely the case I have published with Ivy Bennett (1951), shows close similarities. Comparison of these cases, which present similar clinical pictures, show a number of striking similarities in the children's mothers.

I first want to give a brief description of the children. At the time when they came for treatment Jimmy was eight years old, Nicky was eleven, and Bettina twelve. The pictures presented by the three children I analyzed (between 1917 and 1952) had the following features in com-

<sup>1</sup> Paper read at the General Meeting of the Hampstead Child Therapy Clinic on April 8th 1954.

mon intense separation anxiety when leaving mother, with consequent tearful scenes on going to school, inability to bear frustration, resulting in frequent crying and extensive use of autoerotic satisfactions of an oral nature. Nicky and Jimmy sucked their thumbs as soon as they felt in the least anxious, and they did so for a great part of the day, especially at school. Bettina was compelled to carry a bag of sweets, from which she ate continuously when anxious and frustrated.

The main reason for seeking treatment was their failure to acquire knowledge of the basic school subjects. At the age of eleven Nicky was unable to spell any three letter word correctly, Jimmy, eight years old, could neither read nor write. Bettina's disturbance was the most severe. At the age of eleven she presented a picture of pseudo imbecility, similar to the one described in Berta Bornstein's famous case (1930). Their memories were severely impaired, and their amnesia extended beyond normal age. They were physically clumsy and frequently ill. The boys had repeated minor accidents, Jimmy broke his arm, Nicky his arm and later his collar bone. In all cases lying was a prominent problem, much emphasized by the mothers.

Psychoanalysts have given much attention to the problem of intellectual inhibition, especially with regard to children, and the literature on the subject is extensive. We find the term 'intellectual inhibition' used in a twofold way, referring to inhibition of the *process* of intellectual development as a whole, as well as to inhibition of certain ego functions of intelligence. Where the inhibition of the *developmental process* is concerned, we usually speak of total intellectual inhibition, pseudo debility or pseudo imbecility. The inhibition of certain functions or partial inhibition of intelligence, is well known to us as learning inhibitions in school children. They may range from lack of interest in certain subjects to a total incapacity to acquire knowledge and skill in one or several fields. In the first case the result of intelligence tests leaves us puzzled, because it is difficult to answer the question whether we are dealing with an innate poor endowment or with arrested development, in the other case, we find striking discrepancies between the functions which have been impaired and those which have developed unrestrictedly.

In *Inhibitions, Symptoms and Anxiety*, Freud (1926) states "An inhibition is the expression of a restriction of an Ego function. These restrictions have either been imposed as a measure of precaution or have been brought about as the result of an impoverishment of energy. The Ego renounces these functions in order to avoid coming into conflict with the Id. The genesis of intellectual inhibition conforms to this definition.

The need for inhibition may arise when a function has either (1)

taken on an unconscious libidinal significance or (2) taken on an unconscious aggressive destructive meaning

If we approach the problem from the angle of the purpose served by the stupidity resulting from the inhibition of intellectual functions we frequently find that it originates in the need to display absence of knowledge about sexual matters in order to retain the parents love. Stupidity may also stand for a display of castration in order to escape fear of castration and loss of love. Avoidance of destructive activities and masochistic self punishing aspects are also well known to be found in the exhibition of not knowing.

The role played by the disturbance of the child's early relation to the mother has been emphasized by many authors who stress the great significance of oral fixation in cases of intellectual inhibition. The close unconscious link between intake of knowledge and intake of food was first stressed by Abraham. In her paper on pseudo debility Berta Bornstein (1930) has demonstrated clearly how great the influence of oral traumata was in the case of the girl she describes. While the role played by the mother is implied in these cases the problem has not so far been approached from the angle of the mother's personality except by Mahler (1942) who sees the child's stupidity linked with unconscious needs of both mother and child.

My own material contains ample confirmation of these main aspects and clearly illustrates Mahler's findings concerning the unusually intimate bond existing early between these patients and their mothers. There is in addition one feature in common to all the mothers I have observed which plays an important part not only in understanding the children's need to inhibit intellectual functions but also in explaining the special bond between them and their mothers.

Though the mothers appeared to have little in common externally certain important similarities can be found already in comparing the first interviews.

Jimmy's mother a strikingly beautiful tall Scandinavian woman with artistic gifts showed herself deeply concerned about his problem. She spent much time describing the link that existed between her and this child. She emphasized that Jimmy was so much closer to her than his older sister or younger brother. He was from the very start like a part of herself and it was a deeply painful realization to find that she herself was now unable to help him. She quite openly showed her fear of losing this intimate contact once I had intruded into their bond. She then proceeded with considerable dramatization to make a confession she said she felt it would be essential for my complete understanding of



Jimmy's case to know that she had a lover. Although happily married to a man she loved, another man had meant complete happiness to her until recently. She described how he had enriched not only her own but also her husband's and the children's lives. Jimmy's attachment to this man had become so close that his recent departure had been felt by the boy as severely as by herself.

The outstanding features of this first interview with Jimmy's mother were found again in the first contacts with the mothers of the other children:

- 1 The description of the specially close bond between mother and child
- 2 Intense fear of losing this intimate relationship
- 3 A confession which is followed by a far reaching denial of reality, emphasizing reversal of affects

If we compare the content of the confessions, we find that Jimmy's mother confessed having had a lover until recently, Nicky's mother confessed having had a lover while her husband was away in the war and having subsequently married him.

If we compare the content of the denial, which followed the confession in each case, we find that Jimmy's mother denied that either her husband or the children had negative feelings toward the other man. She even emphasized their love for him and their sadness about his departure. Nicky's mother vividly described his lack of interest in and even hatred against his own father and emphasized his great love for the man who had become her second husband.

In Bettina's case the situation was somewhat different nevertheless we find the essential features again. Bettina's mother, too, described the close bond between herself and the child, not, however, as something she appreciated and enjoyed but as an intense irritation. The child, however stupid she may have appeared otherwise, seemed to sense her mother's feelings and disturbed her peace of mind through it. A constant cycle of scenes and reconciliations was played off between mother and daughter, reminding the mother of her relationship with her own mother. She then proceeded to confess that she had a lover and that she felt guilty about it. Her husband had remained in Central Europe, was sent to a concentration camp and she did not know whether he was really dead. She assured me at once that Bettina no longer remembered her father and never referred to him. She was four and a half years old when she last saw him. Again we find the self-accusation on the one hand, the denial on the other.

All these mothers are compelled to deny reality in order to reduce

their guilt. The children are therefore permitted to know reality and feel real feelings only in as far as this is tolerable to the mothers.

One might ask at this point what the function of these confessions may have been? Remembering Dorothy Burlingham's paper *Compulsion to Confess and Need for Punishment* (1935a) we know the function of the confession to be a twofold one—to form a close bond with the person to whom the confession is made—in our cases with the analyst against whom strong negative feelings exist—and simultaneously to reduce guilt. Retrospectively it is possible to see that indeed, both these components have played an important part. A third function of the confessions became clear only toward the end of each child's treatment, when it was found that the 'confession' had been hiding another secret. The initial confession thus served as a screen behind which another, more guilty secret was concealed. This secret however, came to light only after the children's intellectual inhibitions had been removed to a large extent.

To return to the mothers they can best be described as hysterical characters displaying emotions freely, dramatizing and showing a tendency to untruthfulness. In two cases that of Nicky's and Bettina's mothers we find a fully established anxiety hysteria with conversion symptoms and pseudologia, for which Nicky's mother had sought treatment. The tendency to deny reality has been mentioned before. Insight into the nature and extent of their lying could of course only be detected very gradually when uncertainties, contradictions and the repetitive content of certain falsifications of facts began to form a pattern.

All these mothers were uncertain about details of their own past or refused to give details, pretending to have forgotten them while they told and retold certain memories with varying details and dramatizations. The leading theme in all however different the setting of their childhood had been, was the father's rigidity and lack of response to the daughter's love which had made their childhood miserable. They had always been conscious of setting an example of high moral standards to others. The suffering endured through the father's strictness formed the ever recurring theme of their memories. They described their relations with their mothers as very close and loving. Jimmy's and Nicky's mothers had lost their own mothers during adolescence and were expected to keep house afterwards. This had increased the antagonism between themselves and their fathers.

All the children's mothers had left home between seventeen and nineteen years, all had formed a premarital relationship within one or

two years of leaving home. They were inefficient housewives but entertaining and gifted in many ways and most attractive to men.

They emphasized how happy they had been about the birth of these babies and how the pregnancy and the child's birth had been a most satisfying experience. The pleasure in feeding and caring for babies was outstandingly marked in all of them, the amount of kissing, the permissiveness about sucking were conspicuous. Oral needs were not only satisfied but stimulated and overgratified.

In spite of this, the children were quite suddenly weaned, apparently for external reasons, before they were five months old, and separation from the mother followed in the cases of Nicky and Bettina. The mothers described the distress and feeling of loss after sudden weaning, which they experienced themselves and observed in their children. Food has remained a great preoccupation for all of them, their love and anxiety are always expressed in terms of food.

This early change from intense satisfaction to sudden frustration repeated itself again and again in the children's later lives. Alternation of oversatisfaction and frustration is well known to be one of the causes of fixation, and, in its oral aspect, it forms an obstacle to normal processes of introjection in the early phase.

As mentioned before, all children showed marked oral character traits and disturbances of an oral nature: compulsive sucking, prolonged into prepuberty, compulsive eating and, in one case, addiction to a certain kind of sweet. In the transference their greedy demandingness was characteristic, and fantasies of eating and biting, the fears of being bitten and swallowed, were prominent. In crucial phases of their lives each of the children had gone through eating difficulties which had caused great anxiety to the mothers, threatening separations brought a refusal of food in the boys' cases as a means of keeping the mother with them. The link between the inhibition of their oral aggression and their inhibition of learning became clear when the analysis of this material brought marked improvement in their school progress.

I shall now turn to the other basic aspect of intellectual inhibition and discuss the observations relating to the fate of the child's curiosity and scopophilia. It is well known, and much discussed in earlier cases, that the rebuff experienced by the child in his early attempts to acquire sexual knowledge plays an important part in intellectual inhibitions. When the child's curiosity regarding the body and its functions, as well as his interest in his parents' sexual relations, meet with severe prohibitions, curiosity and learning may, in general, become dangerous and have to be given up or much restricted in order to retain the parents'

love. Clandestine observations arousing instinctual danger have to be repressed thus leading to impairment of memory and inhibition of looking.

In the cases observed the inhibition of curiosity and especially of looking has a more complicated basis which is to be found in certain disturbed traits of all these mothers. In all cases sexual information had been given early. In each case it was also found that the child had been given unusually great opportunities to see the mother's naked body. All children not only had free access to bathroom and toilet when the mother was there but were frequently encouraged to be present when toilet and bath were used. The mother's bath time had been the center of the intimate relationship with Jimmy Nicky and Bettina. Although brothers and sisters too had free access to the bathroom they were not specially encouraged to come and seemed to have accepted the fact that it was this one child's privilege.

Gradually it became evident that what they displayed to them was not only their feminine beauty and the pleasure derived from their body but that at times the emphasis altered from this to the display of their defects and sufferings. Nicky's mother who suffered from the fear of bleeding to death never failed to let him know about her menstruation and among other things demonstrated her Caesarian scar to him. Jimmy's mother who was so very beautiful but obsessed with the fear of getting fat frequently mentioned that he was a better judge than any man could be regarding her figure her clothes her hair. Jimmy was always consulted and she complained to him of any gain in weight. Bettina's mother at times insisted that she should sit next to the bath so she could save her in case of a heart attack although this was entirely imaginary.

Apart from the fact that we have found these mothers exhibitionism to have been directed toward this one child in particular we can see that an additional disturbing factor lies in their display of real or fantasied damage: the scars, blood, fear of fatness, fear of heart attacks. Through this the children's own fantasies of being damaged had been severely reinforced. We also find that by being made to look and experience the mother's castration fantasies the children's sadistic fantasies and consequent guilt feelings had become closely linked with the functions of looking and learning.

In the initial interview the boys' mothers had described the close loving bond that existed between them and their children. My more intimate knowledge of them showed that indeed these mothers were able to sense their children's needs and to understand them to an aston-

ishing degree. Closer knowledge showed, however, that the mothers' capacity to understand their children was confined to certain areas only, areas in which the child played the role unconsciously assigned to him, and therefore was a means toward his mother's satisfaction. When faced with reactions in the child which were threatening the mother's fantasies and hindering her wish fulfillment, her understanding of the child's feelings and needs became completely blocked. The child's anxiety was then utterly disregarded.

To give examples: the boys' failure to become independent and to stand up for themselves did not trouble the mothers, their sadness, weakness and fears were met with deep sympathy. They comforted the boys by means of oral satisfactions mainly by food, sweets and kisses, they took them on their lap, cuddled them and took them into bed, as if they were still small babies. The boys' tendency to regress and to fall ill was met with the full measure of nursing and comfort that could have been wished for by the child, but the slightest signs of independence, of curiosity about the mother's affairs of criticism or aggression against the mother could neither be understood nor tolerated. Any sign that the child was forming a close attachment to someone else, even the father, was at once interfered with. The child's negative feelings against the mother had been completely suppressed from an early period on, any critical functions concerning her person were equally absent. When I first knew my patients, these feelings were not countered by aggression but were dealt with by providing more satisfying experiences. By non-verbal means, but also in words, the children had been given to understand that safety was to be found only in close unity with the mother. This I have found to include a double threat: the children had come to feel that any move away from or against the mother would not expose only them, but also the mother, to danger. Their guilt and anxiety concerning the mother's state of mind, health and life weighed heavily on these children. This was not only the result of their unconscious hostility and fantasies about what might happen to mother, but it had become so strong because the child really *saw* his mother's sadness, tears and bodily symptoms as soon as he did not conform to the role assigned to him.

To keep the child passive and stupid was a necessity for these mothers, whose anxiety increased intolerably as soon as they felt that they were "losing" the child. This is the situation described by Mahler (1942) who drew attention to the following important function of pseudo stupidity: not to know or feel what the mother cannot tolerate; the child to know or feel is necessary because both mother and child need the stupidity in

order to retain the preverbal, bodily satisfaction of their early relationship. It is evident that where such a situation exists, a normal oedipal development cannot be expected.

A mother who exercises such overwhelming power over a child is felt to be not only a loving and safe mother, but she is also a dangerous, castrating mother. For the boys, therefore the move to the phallic and genital levels was doomed to failure. Nicky and Jimmy expressed these fantasies in terms of a dangerous, biting vagina. In these fantasies Jimmy's repressed knowledge of his mother's promiscuity became clearly visible for the first time.

For the full understanding of mothers and children, it is important to try and form a picture of the children's fathers, as far as they had played a part in the children's lives.

Even with the little we know about these women, we are justified to doubt their capacity to form and maintain a normal relationship with a man. As has been pointed out, the leading fantasy they had in common, and verbalized repeatedly, was concerned with the disappointments and rejections they had experienced in the oedipal phase. The true story of their lives, as I came to know it eventually, could be entitled 'In Search of a Loving Father'. We know that the repeated failure to find the fulfilment of this fantasy is based on the failure of a normal oedipal relation and the consequent failure to adjust to femininity.

I now want to give some details about Jimmy's and Nicky's fathers. We know that Jimmy's father had condoned the presence of a lover. According to his wife, he had enjoyed his presence. This may have been true to some extent. There is no doubt, however, that he suffered deeply from his wife's need for other men, but he was too passive to take action and quietly submitted to the role assigned to him, taking on all the tasks of cooking and child care which accumulated upon him whenever she left for week ends and holidays. He repeatedly said that he would put up with anything rather than separate from his wife. She, too, could not imagine life without him and the similarity between her relationship with her husband and the one with the child was striking.

Seen as an object for identification, we find little that could have helped Jimmy in his masculine development. He identified with the father's weakness, passivity and unreserved love for the mother. He did not see the father as a rival, nor as an ally against other rivals. When he had become able to think critically he showed how puzzled he was about his father's role. He once said to me: 'You think, perhaps, that he is the biggest man you know, but I tell you he is really made of cardboard.' Jimmy loved his father, and in this love the features of the

preoedipal mother relationship were prominent. He wanted to be mothered by the father and, indeed, he found in him an admirable substitute for her, who comforted him whenever they were left to share their sadness about her unfaithfulness.

In the boys' thumb sucking fellatio fantasies played a prominent role. Nicky's chance of finding support in identification with his father was no greater. He first met his father, or rather the man presumed to be his father, when he was seven years old. He therefore played no part in Nicky's early development as a love object, nor with regard to his identification. He played a very large part, however, as a fantasy object. The fantasies Nicky had built up around him were closely related to the mother's fantasies about him, as far as they were known to me. For her he was a fantastically frightening and revengeful figure, and most of her pseudological productions were centered around him and his imagined hate of her. Even without her analyst's confirmation, it would have been easy to recognize the similarity of her dramatic accounts about her father and her first husband.

Nicky entirely shared the fantasies about the father as a dangerous persecutor, whereas he professed to love the stepfather unreservedly. Questions about him were answered monotonously by him with the sentence: "He is more of a father than my real father." This was the mother's sentence which he had taken over. He *had* to know and feel about him too what the mother wanted him to know and feel. In fact, the father withdrew from them but was again and again provoked into situations which forced him into the role of an enemy.

These two cases show in some detail what I also found in the others: in the course of the children's development the father was either absent or, where he was present, not *he* but another man was the mother's love object. We are well acquainted with the pathogenic effect of the father's absence or of changing father figures in the oedipal phase from our observations in the Hampstead Nurseries. This has been discussed and vividly illustrated by Anna Freud and Dorothy Burlingham in *Infants Without Families* (1944).

On the basis of the foregoing it will be clear that these analyses presented considerable technical problems. In every child's analysis the conflict of loyalties between parents and analyst plays an important part. In her paper "Child Analysis and the Mother," Dorothy Burlingham (1935b) described how manifold and serious these obstacles can be.

With the close knowledge of their children which these mothers possessed, they had, of course, sensed every change in their child's growing attachment to the analyst, the beginning of the uncovering of

repressed negative feelings, and the capacity to see and experience reality independently. While they naturally appreciated the improvement in as far as learning at school was concerned, they found it increasingly difficult to bear their child's recovery where the relationship with him was affected. They counteracted progress in many ways, by seducing the child back into the early relationship, openly criticizing the analyst or producing obstacles in more subtle ways. Decisive progress was made each time the mothers were away.

In the last stage of the treatment, a critical phase occurred in each case, caused by uncovering of the special aspects of the three mothers' disturbances, which I consider to have played an important part in the children's disturbances: *the mother's compulsive lying and deliberate withholding of secrets*.

It will be remembered that Jimmy, Nicky and Bettina had been causing considerable anxiety by lying. This symptom had upset their mothers far more than any other sign of their disturbance. The children's compulsion to lie had soon shown itself in the transference, when at first it was not easy to distinguish from the mechanism of denial. Gradually, elaborate fantasy stories made their appearance. Nicky's and Jimmy's lies were of a similar nature. Two main types of stories, the aims of which were denial of castration anxiety and fantasied wish fulfillment regarding a peaceful home life with an ideal mother, were told or acted in daily life and in their treatment. From the transference it could gradually be seen that the children knew about their mother's untruthfulness. At the same time, recent observations revived early memories, which made it clear that they suspected the mother of keeping a secret from them.

In the mothers' pseudological productions, too, it was possible to trace two leading themes: they contained accounts of men's great, unflinching love and kindness, or of excessively cruel treatment they had to endure. The change in these fantasies seemed closely related to phases of elation and depression. Bettina's stories had the same content: from every bus ride or shopping expedition she brought accounts of having been showered with presents, having had prices of goods reduced by kind, smiling men, or having been shouted at or attacked by dangerous men. These stories were at times almost identical with her mother's stories, though less subtle in their construction.

We find here the situation which has been so clearly formulated by Helene Deutsch (1922): 'Pseudologia is a daydream told another person as reality. The lie serves the purpose of reversing reality where disappointment has been experienced and in it we find the trace of an early,



real experience, reactivated, experienced, as well as told, as if they were true"

The first doubts about the mother's trustworthiness were regressively expressed in oral terms by Nicky and Jimmy. Nicky went through a phase when he spent all his pocket money on meringues, buying two in each shop on the way from the station to me. We had to eat them simultaneously and find out whether they were "real" or "swindle." If he thought that the shoplady had been honest, he was overjoyed. Those that he thought were "swindled," he violently destroyed, spat out, and he abused the shoplady in strong terms. This followed a phase in which he had aggressively demanded food from me but rejected it even before it was given, saying that what I could offer would never be reliably good, doubting that it contained the right ingredients, asking for details of recipes. Through this he became able to express observations about discrepancies between reality and his mother's statements. Disbelief in any statement she made followed this phase.

Nicky brought similar material, with the added feature that one could neither believe in her nor ever know where she was at any given time.

Bettina expressed her doubts through examining jewelry for its true value, accusing her mother of cheating, pretending that things were made of gold and that she possessed jewelry which in fact she had only borrowed. She developed a compulsion to add the words "honestly" or "it's real, I swear" to any statement she made.

After the first outbursts of anger against the mother, Nicky and Jimmy became depressed and cried a great deal, reacting with mourning to the loss of the ideal mother of their babyhood. They were no longer able to respond in the former way to the infantile comfort she offered them. As a love object for their beginning heterosexual feelings she was too dangerous, especially for Nicky who was now so near adolescence. They withdrew from her and turned to their fathers.

In all cases a great part of the inhibitions which had caused severe school problems had been much improved long before the material about the mother's untruthfulness was accessible. The analysis of oral and anal aggression, of looking, and the masturbation fantasies connected with this material, had opened up the way to sublimations.

For normal functioning, however, it became urgent for them to get real proof of the correctness of their suspicions that their mother was deliberately deceiving them. Jimmy was now convinced that his mother had had many successive relationships with men and he especially remembered one she had when he was a small child. It was clear that he had made many observations during the oedipal phase, having been

considered too small to notice what was going on and that his apparent stupidity had given him the chance to see many things

Nicky suspected his mother of having deceived the father while he had always been told that it was the father who had left her. He remembered scenes and statements made by people and became convinced that the man said to be his father was not in fact his father.

Bettina in turn became able to remember her father and also another man who had been important in her mother's life before they left the country.

As the children progressed in freeing themselves from their repressions and began to recover early memories as they detached themselves from identification with the mother's symptoms and began to feel true affects in accordance with their experiences the mothers reacted with anger, depression and illness. Their open hostility turned against the analyst and they threatened to break off treatment when the children demanded to know the truth. Nicky's and Jimmy's fathers insisted that treatment be continued. Bettina's treatment was officially terminated but she continued it for six months without the mother's knowledge.

With the father's help the mother finally decided to tell Jimmy that his memories were correct and that there had been many men she had loved simultaneously with his father.

Through his father Nicky learned the truth about his mother's unfaithfulness to him. These facts had led both boys to doubts about the identity of their father. Finally Nicky asked his father whether he or another man was his father. He was told that in fact neither of them knew for certain.

Bettina, who now remembered many details about her father, insisted that her mother should tell her whether she was sure that her husband had died in a concentration camp before she decided to remarry and made it quite clear to her that she remembered a man friend of the mother's with whom she had deceived the father while Bettina was between three and four years old.

We can now see that the confession made in the initial interview had served the purpose of hiding facts of an earlier phase in their lives about which the guilt was far greater. In the fact of the promiscuity which had led to the uncertain paternity in the boys' cases one can probably find the answer to the problem why these children were so much closer to the mothers than their other children. The closeness of the link was based to a large extent on the guilt which the children personified for them.

An important problem emerges from these facts, namely the question

of the effect on the developing ego functions of reality testing, synthesis and the building up of memory in cases where the mechanisms used by the mother directly interfere with the normal establishment of these functions in the child. When children in the oedipal phase are exposed to the nature and intensity of experiences as were found in these cases, the need for avoidance of instinctual danger, both of the aggressive and sexual kind, is a necessity and far reaching repression, interfering with memory, must be expected.

In the normal process of reality testing the external world, represented in the first place by the mother, has an important function. As Anna Freud (1936) has pointed out, it is common in our dealings with young children to use denial or fall in with their own use of this mechanism in order to help them overcome painful experiences, but this is strictly confined to limited conditions and the child is again confronted with reality afterwards.

When the mother's capacity to test reality is impaired in certain areas, when she herself uses the mechanism of denial in word and act, the child's attempts to distinguish reality from fantasy meet with a serious obstacle. Instead of helping him on the way out of confusion, she creates new confusion and we find that fantasy life continues to play an excessive part and helps to create the appearance of stupidity.

In the boys' cases, it appears that the intimate, satisfying preoedipal relationship became severely threatened as soon as the intellectual functions permitting reality testing in relation to the mother, had sufficiently matured. The observations seem to show that the first perceptions of the divergence between reality—and what Nicky used to call mother's reality—had been experienced as a shock. Identification with the mother's untruthfulness—namely with the very aspect which would have caused her to be given up as a love object—was the consequence and the satisfying mother of the oral phase could be retained.

Similarly, the child's discovery of the mother's secret causes a severe rejection when it is first encountered. In an interesting paper on the psychology of secrecy, Alfred Gross (1936) considers the effect upon the child of meeting a secret in the mother in the following way. He says:

When encountering the secret in the parent, the child experiences a double rejection on the emotional and on the mental levels. It relinquishes the person as a love object and identifies with the very feature which has caused the rejection, regressing simultaneously to the level on which danger arising from the secret is no longer a threat.

To sum up. In the cases observed, material was brought to show the part played by the mothers in relation to the children's disturbances.

In the absence of analytic material, observations were confined to interviews with the mothers, corroboration from the fathers and from the children's analyses. The mothers' part in the establishment of oral fixations, their influence on the fate of the component instincts of curiosity and looking were discussed and it was shown which circumstances had made it impossible for the children to enter latency and develop sublimations successfully. The symptomatology of mothers and children was found to be similar, owing to the children's identification with their mother's symptoms.

From the few facts about the mothers' histories, from the content of their pseudological productions, from their relationships to men, and from their way of dealing with their children, one is justified in concluding that they have themselves failed to adjust normally to their femininity and that a great part of their disturbance has the function of deceiving themselves and others about this fact.

The cases show close similarity to the well known structure of pseudo-imbecility and learning inhibitions. An additional factor in establishing the symptom was found in the mothers' symptom of lying and secretive ness, which reinforced the impairment of the children's ego functions of memory, reality testing and synthesizing.

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# EMOTIONAL COMPONENTS IN ARITHMETICAL LEARNING AS SEEN THROUGH AUTOBIOGRAPHIES

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Because I had found it hard to attend  
to anything less interesting than my  
thoughts, I was difficult to teach

—*Yeats*

That learning readiness shows a wide range of individual variation is well known. The close connection between the ebbing off of the oedipal conflict and readiness for more systematic learning in school has often been observed and stated. The recognition has grown that the events of the preoedipal period are likewise important. Depending on the developments in both phases, readiness appears at an earlier or later age and in differing degrees.

In addition to this interindividual variation, there is also an intra-individual variation: the same child may show a quite different degree of learning ability or blocking in different fields, especially in the two basic areas of conceptual learning which he encounters in the early school years—reading and arithmetic.

This disparity is the starting point of the present paper. We shall try to show how different constellations in the preoedipal period and differences in the effort to resolve the oedipal conflict, as preserved in autobiographical writings, influence the ability for and interest in arithmetical learning. We are thinking here of basic mathematical learning, in which geometry usually plays little role. Higher learning and original work in mathematics—which may involve quite specific endowment—is essentially outside the scope of this paper. The development of a man like Hardy (1910) who says 'I cannot remember ever having wanted to be anything but a mathematician' is obviously quite different from that of most people, who encounter mathematics as merely one subject in school. We will, however, refer to the life histories of mathematicians where they appear to present pertinent material.

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Information from sources other than autobiographical will be brought in only coincidentally. In adding a fifth to the four classical sets of specific data that psychoanalysis has used (Harimann 1915 Loewenstein 1916) we do not contend that autobiographies offer definitive answers. The problem is large and different methods of approach are in order. We are merely trying to carry the autobiographical approach as far as the material permits leaving it for further research to develop other approaches.

The subjectivity of autobiographies is their weakness undoubtedly but also their strength. They offer childhood memories filtered through the individual's consciousness and tinged by his conception of himself. To keep the material free from the bias which may induce the writer of an autobiography to overemphasize those points that accord with a preconceived psychological theory we have leaned heavily upon older authors and upon those more recent ones who can be expected to have steered clear of that self-consciousness.

A number of investigators have dealt with the influence of the functioning of the ego upon the ability to learn to read (Blanchard 1936 D. Levy 1913 Pearson 1952) few have looked into the inner motivations for learning to deal with numbers or into the forces that can block the learning of arithmetic in an intelligent child.

We have for some time (Plank 1950) been interested in the factors preventing bright children successful in other areas of school learning from learning mathematics. Psychoanalytic literature on this special problem is limited. The unconscious symbolic meaning of certain numbers has of course been noted by Freud himself (1924 and *passim*) and by other analysts such as Hug Hellmuth (1915). How this symbolic character of numbers may interfere with learning has been described in a few case studies (Aichhorn 1926 Just Kéri 1930 Pearson 1952). These points have been theoretically elaborated on by Jefferys (1936) Bartemeier (1941) Klein (1949) Rosen (1953) and Wegrocki (1938) have tried to define some of the meanings of mathematical interests as they appear in clinical material from adult analyses. Other relations between personality and arithmetical learning are still awaiting study.

In looking through a considerable number of autobiographies we found many references to the joys and sorrows of the beginning of reading but few about arithmetic. This is very understandable. The ability to read opens up new ways of independent investigation of the riddles with which children are faced. Mathematics will bring such results only ultimately and to only a few.

The contrast was keenly felt by William Allen White, the distinguished journalist, who wrote in his autobiography (1946)

Before I went to school I could read in my colored linen picture book about the doings of the cat the dog the man the hen and other things spelled with three letters Shortly after I knew about the four letter words written on the barn and the fence and the board sidewalk and about this time my parents uprooted me from the wicked town and I found myself living on the farm. Let us look for a fleeting moment at this little fellow just edging eagerly out of childhood He has been two or three years in school He is in the second reader but has read all the readers through to the fourth. He knows the multiplication tables because he was nagged all over the house to learn them—pounced upon at odd times by fierce merciless parents with What's 9 times 3? or 8 times 12? or 7 times 6?

Here reading is a key to the secret world of the adults With sly enjoyment, the boy jumps two years ahead of his expected level Mathematics offers no such inducement. It is only when numbers take on a magical potential that arithmetical learning gives the child a tool for his own fantasies, as does reading The British critic, Sir Edmond Gosse (1849-1928) writes

I persuaded myself that if I could only discover the proper words to say or the proper passes to make I could induce the gorgeous birds and butterflies in my Father's illustrated manuals to come to life and fly out of the book, leaving holes behind them. I believed that, when at the Chapel we sang drearily and slowly loud hymns of experience and humiliation I could boom forth with a sound equal to that of dozens of singers if I could only hit upon the formula. I laboured for hours in search of these formulas thinking to compass my ends by means absolutely irrational For example I was convinced that if I could only count consecutive numbers long enough without losing one I should suddenly on reaching some far-distant figure find myself in possession of the great secret [Gosse 1907]

The group of autobiographies that mention the beginning of a relationship to numbers at all divides itself into three distinct subgroups (a) men who liked arithmetic (b) those who disliked it, and (c) women writers who took great interest in it, as found in the autobiographies of women who became prominent in mathematics (Kovalevsky Curie, Boole) One would expect to find a fourth subgroup—women who disliked arithmetic—but this seems to be so much taken for granted that it is rarely mentioned in autobiographies

Male scientists who wrote autobiographies have relatively little to say

about the feelings which they had as children for or against arithmetic. There are but few autobiographies of male mathematicians.

It is often believed that mathematical and musical interest and ability go together. However, there is no reference to arithmetical learning in the autobiographies of noted composers (Berlioz Spohr Stravinsky) and a very negative one in the autobiography of Richard Wagner. The works of men with a more literary bent are the ones which yield interesting material just as the autobiographies of creative writers offered us deeper insight into the nature of very early childhood memories (Plank 1953).

We are dealing with the double assumption that entrance into latency is significant for successful early learning and that it is dependent on the resolution of the preoedipal and oedipal conflicts. We shall therefore want to know how those authors who report on their experiences with mathematics see themselves in relation to those periods.

The French novelist Stendhal (1785-1842) says: [I] love mathematics for itself since it does not admit of hypocrisy or vagueness. At the age of fourteen he thought that mathematics dealt with certainties: one had only to go further and further to arrive at more certainties and ultimately at all. Stendhal describes his relationship to his parents in this very forceful manner:

My mother Mme. Henriette Gagnin was a charming woman and I was in love with her.

I hasten to add that I lost her when I was seven years old.

In loving her at the age of perhaps six [1789] I had exactly the same character as when in 1828 I loved Albertine de Rubempré with a mad passion. My way of starting on the quest of happiness had not changed at all in essentials with this sole exception that in what constitutes the physical side of love I was what Caesar would be if he came back to earth with regard to the use of cannon and small arms. I should soon have learned and it would have changed nothing essential in my tactics.

I wanted to cover my mother with kisses and for her to have no clothes on. She loved me passionately and often kissed me. I returned her kisses with such ardor that she was often obliged to go away. I abhorred my father when he came and interrupted our kisses. I always wanted to give them to her on her bosom. Be so good and remember that I lost her in childhood when I was barely seven.

And so it is 45 years since I lost what I loved more than anything in the world. She cannot be insulted at the liberty which I take with her in revealing that I loved her if I ever meet her again. I could tell her so again. Besides she took no sort of part in this love. For my part it was as criminal as possible. I loved her charms with a mad passion [Stendhal 1830].



His antipathy—or better, his passionate hate—was left for his father

Contrast this with a similar passionate love of a boy for his mother—where not only he was unable to give up his demands on her but she could not release him, either—the Russian writer, land owner, and government official Sergei Aksakoff (1791 1859) When he was nine years old, his family, under pressure from friends decided that he had to be sent away from their country estate to start his formal education in a boarding school

And now my preparation for the school course began I could read excellently for my age but my writing was childish In arithmetic, my father had tried earlier to impart to me the first four rules which were all he knew himself but I was so dull and idle a pupil that he dropped it Now there was a complete change In two months I mastered these four rules and though I have forgotten all the rest of my mathematics I remember those four rules still All this I did under my mother's eye and solely for her sake She had said that she would burn with shame if I did not pass with credit the entrance examination I needed no other inducement I would not go one step from her side [Aksakoff 1856]

This was the only time Aksakoff could apply himself to arithmetic—in unison with his mother, and to please her When he was subsequently placed in school, both he and his mother were barely able to stand the separation He writes

at 9 in the morning during a lesson in arithmetic, I felt a sudden severe oppression on the chest, and a few minutes later burst out sobbing and then fell senseless on the floor

This happened after about two months of struggle trying to cope with the separation from his mother He developed seizures, which were diagnosed as epilepsy, and thereby achieved his wish his mother took him home He stayed a year, when he returned to the school again he could generally hold his own However

In arithmetic, I was weak even in the junior class and in the middle form it became quite clear that I was quite unable to learn mathematics and this reputation I kept at the university as well as at school.

The following refers to his senior year in school

It is an odd fact that I was positively unable to learn mathematics At first he tried hard to teach me and I can not say that I did not understand his

uncommonly clear explanations but I forgot instantly what I had understood so that he did not believe I had ever understood him. When A taught me I understood him much better than my tutor K. and I remembered the points longer. But it was all of no avail. After a few days not a single proposition not a single proof remained in my head. In respect of mathematics my excellent memory proved no better than a clean sheet of white paper which refused to retain a single mathematical sign.

Aksakoff wrote two complete autobiographical books during his terminal illness. Working his way backward as it were he wrote first about his school years (published in 1856) then about his earlier childhood (published in 1858 just one year before his death at the age of sixty eight). The intimate relationship between mother and son with most minute details remembered is the main focus of both volumes.

Bates (1936) in his standard work on autobiography says that Aksakoff retained a memory of his childhood as the period when he was most himself

he never had any other period he wrote of his childhood he became a famous writer thereby and wrote some more and became more famous and deserves it. But in spite of riches and intelligence and opportunities nothing else happened throughout his life that mattered so much to him as his childhood.

As to the early care given him Aksakoff says

As a child I had been long ill and there was a time when for whole years [my mother] never left my bedside. When she slept no one knew and no hand but hers was suffered to touch me.

Sergei was her second child. The first child a girl died at four months. Of his mother's ways with her, he relates

She saw nothing of her friends. Naturally they all thought her eccentric or absurd. She left her husband perfectly free to spend his time as he liked. His wife never stirred from the cradle and took no notice of him except to turn him out of the little nursery because she feared that twice-breathed air might hurt the baby [Aksakoff 1858].

After Sergei another girl was born of whom he became very fond, and then another boy when he was five. He says

I was determined to act as godfather to my brother. I was told that this was impossible. I was too young and I had no godmother to stand at the font.

with me. But I easily got over the second difficulty by saying that my sister could act as godmother. As I was obstinate and likely to cry if disappointed a trick was played on me which took me in at the time. My sister and I were placed beside the real godfather and godmother at the ceremony. The symbolic mysteries of the rite I could not understand but I watched with strained attention surprise and even alarm. I thought that the priest might cut my brother's head with the scissors and when the infant was dipped in the water I cried out with fear. By my importunity I won the privilege of holding my godson at the font—the nurse as a matter of course was holding him also—and I retained the pleasing delusion that my brother was my godson [Aksakoff 1858]

Years later when his mother brought Serget home from school with epilepsy, the disease took a peculiar course.

It is true that I had not a single seizure after leaving school and the feeling of oppression and palpitation passed away on our journey and there was no return of these symptoms at home.

[But other symptoms appeared.] In the first place I began to talk every night. In the second place I began also to cry and to sob in my sleep to jump out of bed and try to walk out of the room. I slept with my parents in their bedroom and my bed was close to theirs.

His mother tried all sorts of treatments and consultations. She finally turned to a popular home remedy made from a balsamic resin.

Ten drops were poured into half a glass of water and the water turned as white as milk. It was always given at night. The very first dose did me good and in a month the illness had completely disappeared and never returned [Aksakoff 1856].

Since the milky character of the remedy and the administration at bedtime so strongly suggests a repetition of the infantile nursing experience it is of interest to quote a remark of Aksakoff's from the preface to his *Years of Childhood* (1858).

When I was three or four I told some people that I remembered being weaned. They laughed at the details I gave and declared that my mother or nurse had told me what I believed I had seen myself. I disputed this and tried to prove that I was right by quoting facts which could not have been told me and could be known to three people only—myself, my mother and my wetnurse. Inquiry was made and it often turned out that I was right and that no one had told me what I knew.

" he thinks mathematics grand      he cannot determine whether algebra is better than football or Euclid than sponge cake ' Milne writes about the relationship to his mother

When I was a child I neither experienced nor felt the need of that mother love of which one reads so much and over which I am supposed (so mistakenly) to have sentimentalized I learned no prayers at my mother's knee as so many children seem to have done It was papa who told us about God and we who told the governess [My mother] may also have felt that papa was so good at playing with a child and amusing a child and making a child love him that she oughtn't to interfere here either Certainly as a child I gave my heart to my father

A daydream reported by Milne, and involving him and his brother Ken, may serve as an illustration of the breaking of the oedipal ties, the expression of aggression and the child's readiness to engage in exploration and enterprise of his own

Our dream was quite simply that we should wake up one morning and find that everybody else in the world was dead. This sounds callous but it was really no more than a variation of the desert island dream which every small boy has It just didn't seem possible to get a desert island But it was conceivable that God who had done something on these lines more than once should destroy everybody in the world but Ken and me And even if He were not doing it directly or with any great enthusiasm yet (as it were in spite of Him) disasters did happen a plague might fall upon the people and everybody might die (Except Ken and me) One could imagine it. Papa just dies like the rest of them

Yes it sounds horrible put like that. For we loved him dearly we loved Mama too though not so dearly We were not unloving children It was just that we wanted to be alone and free It was the freedom of the sweet-shops which we wanted most Never to have to pass a sweet-shop again but to be able to step in confidently over the body of the dead proprietor—that was Heaven

It is one thing for a child to spin out a daydream in which he sets himself apart from the world and another thing for an adult to push the motif to its weird and sinister limits Zerah Colburn (1804-1839) a computational prodigy (though his mathematical achievements beyond that were apparently quite indifferent) was the first lightning calculator to be publicly exhibited (Binet, 1894) Colburn (1833) reports in his autobiography (written in the third person) that one morning in his twenties while he was teaching and preparing himself for the ministry,

he went into his school house some time before the hour for the scholars to collect he sat down and began to revolve the subject [Calvinists versus Methodists] in his mind. Something suggested to him the following train of thought. Supposing that there was one way alone by which I could live wholly according to my inclinations in all the vain and unholy desires of unregenerate nature suppose that this way was to dethrone the Father of Mercies plant my foot on his neck and consign Him to everlasting shame and sorrow and I had power sufficient, would I do it in order to enjoy my own desires? It will not surprise the serious reader to be told that conscious of inherent rebellion of heart he trembled and durst not acknowledge to himself what indeed was the correct answer to this inquiry

It will not surprise the serious reader, either, that when talking about his mother, he does not display even those negative feelings which well up when he talks about God. Zerah's father had taken him to Europe at the age of six in order to exhibit him and he returned to his New England home after his father's death some thirteen years later. He and his driver

arrived at his mother's house Saturday July 3 about sunset. Not knowing who lived there they inquired of an elderly woman who was at the door if she knew where the widow Colburn lived? She replied that she was the woman. On hearing this the stranger got out of the wagon and made himself known as well as he could. Many have inquired if his relations knew him. Even his own mother was as ignorant of the child she had nursed and provided for until he was six years old as if she had never seen him before. Hence he is inclined to discredit what many have advanced about the power of secret mighty instinct, drawing separated friends to each other. However he contrived to make himself known and his brothers and sisters were willing to admit his claim to kindred. He too needed information he could not distinguish or remember one of his family. The place was different from his expectations as his mother had disposed of her former residence and their situation in life was much worse than he had hoped to find it.

The oedipal conflict has undergone two changes here. Although the hatred against the father is still alive—but displaced onto God—the love for the mother has been renounced to the point of mutual nonrecognition. Interpersonal relations have become well nigh impossible leaving nothing but flight into the abstract—with complete stagnation however in the field of mathematics also.

Although Zerah Colburn represents an extreme his reaction type is encountered in other cases of outstanding computational ability. Rosen (1953) thinks that some lightning calculators may have been schizophrenic or autistic. Binet (1894) who studied the lightning calculator Jacques

Inaudi quite thoroughly, though from different aspects, notes a report that Inaudi's mother had had a psychotic episode during her pregnancy, and reports that Inaudi left his family home at an early age. Two computational prodigies were more recently studied by Stokvis (1918). Findings regarding the family constellation are in substantial agreement with those presented in this paper (Stokvis 1951).

In my experience as an elementary school teacher,<sup>2</sup> I taught three boys who were conspicuous by their uncanny ability in computation. All three had suffered unusual deprivations in their early relationships to their mothers. Herbert (Sterba, 1933) showed a syndrome which today would probably classify him as an autistic child. Bill had produced hysterical blindness before he was of school age as a reaction to his mother's rejection of him. Bruce was the eldest of four boys born within five years, his mother, a detached and disoriented person, had separated from his father immediately after the birth of the youngest child. Learning for these three children became enjoyable only in relation to their interest in numbers which allowed them to remain impersonal and to operate without images. Teaching in other areas became possible after the supremacy of arithmetic had been accepted and appreciated by the teacher. For these children the concrete was dangerous, the abstract remote and safe.

These observations about children who show special aptitude for mathematics supplement the observations which have been made about children who are notably deficient in this field. D. M. Levy's (1913) work on overprotection is of special significance in this connection. While his findings do not suffice for the conclusion that overprotected children are poorer in mathematics than other children, they do lead to the conclusion that the difference between performance in reading and in arithmetic is very markedly related to such factors: the overprotected children being poor in arithmetic while relatively very good in reading. Klein (1949) attributes, rather similarly, good verbal ability and great difficulty in mathematics to narcissistic pupils.

With these relationships between different areas of learning in mind, we found what we expected. The perusal of autobiographies of men who did not become mathematicians shows that most of them fail to refer to mathematics (probably indicating unpleasant memories); those who do mention mathematics at all usually do so in a sneering or almost shuddering manner. In addition to those autobiographers whom we have quoted,

<sup>2</sup> Teaching experiences referred to are those of Mrs. Plank. The observations reported in this paper were not collected systematically as part of a planned study but coincidentally in the course of classroom teaching.

such men as Benjamin Franklin, the American writers A. J. Nock and L. Lewisohn, the Austrian playwright Franz Grillparzer, and the German painter Ludwig Richter may be cited as typical.

John Trumbull (1841) (*patriot and painter of the American Revolution*, 1756-1843) relates that he could read Greek at the age of six, but

*In arithmetic alone I met an awful stumbling block. I became puzzled by a division where the divisor consisted of three figures—I could not comprehend the rule for ascertaining how many times it was contained in the dividend. My mind seemed to come to a dead stand—my master would not assist me, and forbade the boys to do so. So the question stood on my slate for three months to my extreme mortification. At length the solution seemed to flash upon my mind at once and I went forward without further let or hindrance.*

In infancy Trumbull suffered from convulsions, which were supposedly caused by a too early closure of the fontanellae. Hope was given up until a famous physician advised his mother that only she could save the boy from idiocy or death—by massaging his head to reopen the fontanellae. This she did faithfully through his third year. One may conjecture that the difficulty of assuming an active role after so long playing a passive one brought about his blocking in arithmetic.

A characteristic reference to mathematics is found in the autobiography of the British writer and diplomat Lord Berners (1934):

*I had an active distaste for figures and the mere sight of the simplest addition filled my soul with nausea. When I read in a bird book that crows experienced difficulty in counting up to more than six I sympathized with them heartily and having previously rather disliked crows I began to regard them with an almost sentimental interest.*

A review of biographical notes on famous mathematicians conveys the impression that the childhood of many of them, like that of the non-mathematicians who showed some interest and ability in mathematics, was beset by traumatic events in their relationship to their parents (Bell, 1937, G. Kowalewski, 1938). The German inventor, Benz, who in school was better in mathematics than in any other field and who later became the pioneer of the automobile age, may be mentioned in this connection. He lost his father in infancy, and his mother filled the role of both parents (Benz, 1925).

Bertrand Russell begins his brief autobiography (1951) with the recollection of arriving at his grandparents' home at the age of three. "My father . . . had recently died after a long period of gradually increasing

disability. My mother and my sister had died of diphtheria about a year and a half sooner." The only one left in the immediate family was a brother about seven years older. "Throughout my childhood I had an increasing sense of loneliness, and of despair of ever meeting anyone with whom I could talk. Books and nature and (later) mathematics saved me from these sorrows."

He has an unpleasant memory of learning the multiplication table when he was a little over six years old, but hardly a year later we have a recollection of a conversation between him and his maternal grandmother which shows a quite different attitude, and four years after that the decisive encounter:

I remember telling her that I had grown  $2\frac{1}{2}$  inches in the last 7 months and that at that rate I should grow  $4\frac{7}{8}$  inches in a year. "Don't you know," she said, "that you should never talk about any fractions except halves and quarters?—it is pedantic!" "I know it now," I replied. "How like his father!" she said, turning to my aunt Maude. . . .

At the age of 11, I began Euclid, with my brother as my tutor. This was one of the great events of my life, as dazzling as first love. I had not imagined that there was anything so delicious in the world. . . . From that moment until I finished *Principia Mathematica*, at the age of 38, mathematics was my chief interest, and my chief source of happiness.

Russell's memories thus combine several motives that we find to have decisive significance in other autobiographies. There is, first of all, the loss of the relationship to the mother and the cathexis of mathematical interest. There is also the role of the guiding older male figure, which we will see in its great importance in the autobiographies of women. There is finally a tie-up between mathematical prowess and aggression toward authority figures. This leads us to the consideration of another, most important dynamic factor in readiness for learning, a factor which we still have to discuss—aggression.

There is a great difference in relation to aggression between the two most important intellectual activities of early school learning—reading and arithmetic. It has been pointed out that reading provides oral gratification; this is emphasized by such idioms as "eating it up" or the German *verschlingen* (to "devour" a book). Since reading can be considered an orally incorporative activity, it requires the investment of a certain amount of aggression. There are some children to whom even this kind of expression of aggression is too dangerous; but most children can engage in such an activity, even though they may not be able to express their aggression except through identification with fantasy figures. Reading provides just such figures. While reading, the child does not attack



or destroy his material. Since he knows that it remains intact, he does not experience the anxiety which would surge up if the child were to perform an act of aggression that he cannot permit himself.

The opposite is true of mathematical activity. There the child has to manipulate, dissect, destroy figures; this he can do only if he can allow himself to express aggression. In fact, aggression can be harnessed by being turned against abstractions rather than human beings. We should therefore find parallel expression of aggression and of mathematical interest especially from individuals who develop a desire to mold the material world to their will. This expectation is fulfilled in some instances of childhood memories of politicians.

Fiorello H. LaGuardia (1918) writes

*Lena Coover was my favorite [teacher] and I was taunted by the kids for being teacher's pet. On the first day she corrected my arithmetic paper. Some of the examples were wrong and she did not notice them. The next day I purposely gave some wrong answers. Again the paper came back marked correct. Like the fresh kid I was I went up to her desk the next day and said, 'Look here, teacher, you better learn arithmetic if you are going to teach us' and I pointed out the mistakes to her. Was her pretty little face red!*

Chaim Weizmann (1949), the late first president of Israel, relates that he had an incompetent mathematics teacher and that it was the favorite sport of the class to pester and torment him with questions which he could not answer.

Abraham Lincoln (1860) wrote an extraordinarily brief autobiography (a few pages). He prized mathematics sufficiently highly to make a point of stating that he had studied the six books of Euclid while a member of Congress, having had little formal education previously.

Napoleon states in his memoirs (1821) that he was unusually good in mathematics, though not well advanced in other subjects. Everyone used to say, "That is a boy whose talent is all for geometry." He described his aggressiveness:

*I was a headstrong child. Nothing overawed me, nothing impressed me. I was quarrelsome and pugnacious, and feared nobody. I struck one person, I scratched another, till all were afraid of me.*

It is interesting that Napoleon also recalls an episode of nonrecognition when seeing his mother after a long separation, similar to that of Zerah Colburn.

It is true that Churchill, although perhaps anybody's match as a poli-

tician has memories of mathematics which are quite different from those of these men. The reason may be that Churchill was born into an inherited position of political eminence. He did not have to fight for a start, whereas LaGuardia, Lincoln, Weizmann, and Napoleon rose to leadership from lowly origins. They needed aggressiveness all the way through as they had to conquer obstacles from the beginning.

The pattern that emerges from the memories of women mathematicians is clearer and simpler than that of male autobiographers. The women's interest in mathematics can easily be traced to a strong identification with a masculine figure in their lives. Parallel with it, seems to go a lack of feminine identification or conflict around it.

Marie Curie, who added some autobiographical notes to her biography of Pierre Curie (Curie, 1923) mentions that she lost her mother at the age of nine and was deeply attached to her father, a mathematician and physicist without a laboratory.

Mary Boole (1832-1916) wife of a mathematician and herself a mathematics teacher, daughter of an English parson, had a strained childhood.

Father was one of the victims of the terrible epidemic of influenza which swept over England in the year 1837, when I was no quite five years old. It left him a wreck. For ten years he was unable to do any parochial duty. He put a curate in charge of the parish and went to France to be near Samuel Hahnemann. He was unable to bear children near him except for short periods and we were left a great deal to servants. We lived mostly in lodgings in various parts of Paris. In all these wanderings we sometimes attended day school and sometimes had a daily governess. Sometimes mother gave us lessons herself. Though a very intelligent woman she was quite un-intellectual and the lessons with her were hopelessly dreary. On the rare occasions when father felt able to give us a little course of instruction he made everything except Latin more interesting than was safe for a nervous, high-strung child like myself. [Boole 1931]

When she was grown up, her mother told her that she had never attempted to disobey her since the age of four, enumerated a long list of other virtues which the girl had displayed but wound up by saying that I was as hard as iron, and had never been a bit of comfort to her in my life.

When she was eight, a Frenchman became her tutor. After the second lesson she produced work which amazed the family. Of this tutor she says:

I wish, though I know that the wish is vain, that I could convey any adequate impression of the way in which he enveloped my life with a protect-

ing influence without the slightest interference with either my thoughts or my feelings. The influence was all the stronger because he showed no desire to gain influence. I was quite unconscious of it then and for many years afterwards.

I do not remember anything passing between us in the slightest degree resembling either a *cress* or an affectionate word. The relation between us was I believe entirely subconscious on my part then and for a quarter of a century after I left him. I remember distinctly the first arithmetic lesson he gave me at home. Mother had been trying to teach me long division but could not make me understand chiefly as I now know because she herself did not understand. The difficulty was referred to Monsieur Déplace then it disappeared as if by magic and it was the last difficulty that I was ever in my life able to see in connection with arithmetic.

When I think of M. Déplace's first lesson in the Rule of Three I can see nothing except the master pulling back a curtain which had been keeping out the light and leaving me to look into Heaven for myself.

Concepts of heaven are individually different but this is perhaps the only instance in literature in which heaven is thought to be particularly distinguished by featuring an arithmetical device that children more commonly associate with the other place.

The brilliant Russian mathematician Sonya Kovalevsky (1850-1891) has left particularly revealing autobiographical writings (S. Kovalevsky 1895). They show clearly that she felt uneasy in her feminine role, could not relate successfully to her mother and had quite disturbing castration fantasies which were probably enhanced by the awareness of the family's regret that she was not a boy. She found her interest in mathematics through her identification with the interest of an uncle. She was the middle child, having an elder sister Anjuta and a younger brother Fedenka. She relates how she used to overhear her nurse telling her story:

She wasn't born at the right time—that's what's the matter! You know the master lost all his money at cards in the English Club on the eve of her birth so that they let everything go. They were forced to pawn the mistress diamonds! Now and how could they rejoice that God had sent them a daughter? Moreover master and mistress wanted a son without fail. The mistress used to say: 'You'll see, nurse, it will be a boy!' They had prepared everything properly for a boy—a cross with the Crucified one and a little cap with a blue ribbon—but no go to! Another girl baby was born! The master and mistress were so chagrined that they wouldn't look at her and it was Fedenka who consoled them afterwards.

Nurse repeated this story very frequently and on every occasion I listened to it with the same curiosity so it became firmly engraved on my memory.

Again there is the memory of mother, coming to say good bye, in evening dress, before going to a party

As soon as she showed herself at the door of the nursery, Aniuta would run to her, begin to kiss her arms and neck, and inspect and handle all her golden trinkets.

'I am going to be just such a beauty as Mama when I grow up! she says, fastening Mama's ornaments on herself, and standing on tiptoe to get a look at herself in the little mirror which hangs on the wall This greatly amuses Mama

Sometimes I feel an inclination to caress Mama to climb upon her knees but somehow or other, these attempts always end in my hurting Mama through my awkwardness or tearing her gown, and then I run away and hide myself in the corner with shame For this reason I began to develop a sort of shyness towards Mama, and this shyness was further augmented by the fact that I often heard nurse say that Aniuta and Fedja were Mama's favorites, that Mama disliked me

Disturbances occurred at the age of about four to five:

Other symptoms of great nervousness also began to make their appearance in me My disgust, which approached fear in its intensity for all sorts of physical monstrosities. If a two-headed chicken or a three legged calf was mentioned in my presence, I began to tremble all over, and then the following night I inevitably saw the monster in my dreams and woke nurse with a piercing scream Even now I remember the three legged man who persecuted me in my dreams during the whole of my childhood

Even the sight of a broken doll inspired me with terror When I chanced to drop my doll nurse had to pick her up and tell me whether or not her head was broken, if it was she had to take her away without showing her to me I still remember how, one day, Aniuta caught me alone, and, wishing to tease me, began forcibly to thrust before my eyes a wax doll, from whose head dangled a black eye which had been torn out, and thereby threw me into convulsions

[The author herself draws the conclusions] This conviction—that my family loved me less than the other children—pained me very deeply, the more so as the craving for a strong and exclusive affection was very early developed in me The result of this was that no sooner did one of my relatives or one of the friends of the family, show me the slightest attention, for any reason whatever, above the attention shown to my brother and sister, than I, on my side, immediately began to feel for that person a sentiment which bordered on adoration

I remember two particularly strong attachments of my childhood—for my two uncles [One of these uncles is the man who especially interests us here] Although he had never studied mathematics he cherished the most profound respect for that science. He had gathered a certain amount of mathe-

mathematical knowledge I heard from him for the first time, for example about the quadrature of the circle and about many other things of the same sort—the sense of which I could not of course, understand as yet but which acted on my inspiration imbuing me with a reverence for mathematics as for a very lofty and mysterious science which opened out to those who consecrated themselves to it a new and wonderful world not to be attained by simple mortals.

In my own teaching I have found but few girls who took a genuine delight in learning arithmetic. They all had a need to win the attention of their fathers whose interests were in the direction of science or mathematics. One girl who was markedly good in mathematics, while only average in her other interests and achievements, was the daughter of a civil engineer, who could not be bothered with his little girl unless she could show him how bright she was in a field of special interest to him. Another child exemplified the type of girl who does well in mathematics because of disappointment with the mother, which leaves the father as the sole love object.

Let us now try to sum up. Autobiographies offer different material on the development of mathematical interests and abilities in boys and in girls. As to boys, the recollections of creative writers are the richest source, for the girls, the memories of mathematicians give us clues.

In these men who—without later becoming mathematicians—recollect a positive attitude toward mathematics this emerges in connection with the dissolution of the strong libidinal tie to the mother, as in Stendhal's case, or with the absence of such a relation as in Milne's case. It typically goes hand in hand with the expression of aggression.

Milne, with his defiance of his father and his turning to a contemporary, represents a fairly typical development of latency. Stendhal the traumatic entrance into this phase. In contrast to this learning of mathematics becomes blocked where the first and strongest object relationship cannot be renounced and therefore symbols cannot replace objects—where the strong preoedipal tie to the mother continues intact, as in Aksakoff's case, or where the destructive drive has to be checked, as Aksakoff had to check and distort his aggressive wishes against his younger brother. In boys like this, who could not give up their passive role in relation to the mother, aggressive energy is not available when learning requires it for the exercise of control, dissection, domination—as mathematical learning does. It may also be noted that Stendhal specifically accuses his father of "hypocrisy"—for the absence of which he praises mathematics.

Biographical information on mathematicians indicates that similar forces may have been operative the relatively great incidence of early loss of parents and other severe deprivations in childhood is perhaps characteristic.

The computational prodigies display an obsessional element, of which this at least can be said that it goes hand in hand with a very weakened relationship to the mother. They form a bridge, as it were, to emotionally isolated children with compulsive interest in numbers. This interest is a flight into a world of abstractions in these children, who never learned to establish satisfying object relationships.

The majority of male autobiographers either say nothing about mathematics (although they may speak about other experiences in learning) or refer to it negatively. Those who have positive memories resemble each other in one point: they have become independent. Their independence springs from a lack of relationships, or it has grown from the break in a relationship or through freely expressed aggression. In contrast to 'symbiotic' children each of these has established his identity.

Most autobiographies of women are quite silent on their attitudes to arithmetical learning. In the childhood of women who became mathematicians, the constellation differs from that of the men who related positively to mathematics: the difficulty of the mother relationship is also quite marked (here in connection with the denial of femininity) while the positive element of strong identification with a male figure is in the foreground. Men also learn mathematics through men. The problem which we have tried to explore is why so many of them did not.

Observation of children in school tends to support the impressions gained from a large number of autobiographies. It would be very desirable to collect more clinical material on the emotional concomitants of mathematical interest and ability, both through the study of adults and children in treatment, and especially through the study of children in their educational settings.

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## TECHNIQUE



# TECHNIQUE OF CHILD THERAPY

## A Critical Evaluation

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During the last few decades interest in methods of therapy for emotionally disturbed children has greatly increased. This development is due to Freud's discoveries and theories, which have gradually penetrated the fields of psychiatry and psychotherapy as well as of education. By and large, the wide range of ideas on child therapy and the tremendous effort put into the realization of these ideas, especially in this country, are to be considered a wholesome development.

At present, the student of child therapy is faced with a multitude of techniques for prevention and cure of emotional disturbances in children. We have child analysis, play therapies, relationship therapy, release therapy, counseling, child guidance, group therapies and a few others. Many of the proponents of a specific technique offer more or less impressive case material as evidence of their success.

Enthusiasm for their own ideas and successes causes many child therapists to think that their particular technique is best and should replace all others. Relating the use of a certain technique to the characteristics of the cases in which it is effective is neglected in most presentations. Yet, this seems to be one of the most essential problems. When we know *which technique is best suited for which particular disturbance*, we will be able to make optimum use of the constructive ideas on child therapy produced under the influence of psychoanalysis.

How should this problem of relating the appropriate technique to the particular case be studied? During the last few years there has been a widespread feeling that such questions could be decided only after thorough research on success and failure of different techniques in different cases. Theoretically such research may offer the most reliable solution. Practically, however, this type of research may not bear fruit for years to come, due to the enormous number of variables to be considered, the amount of time, money and effort required. What should be

done in the meantime? I am reminded of a father who, when consulting one of my colleagues on problems of his four-year-old son, commented that he was an ardent student of child development, very eager to treat his child according to the most recent findings of science. But his trouble was that his son grew faster than he was able to read up on child development! If child therapists should decide to wait with technical decisions until all the studies, projected or now in progress, are successfully completed, they might find themselves in a similar quandary.

Another way of approaching this problem is to evolve technical procedures from psychoanalytic theories on child development. Undoubtedly the student of psychoanalytic literature will be influenced by these ideas; however, their direct application to technical procedures is not feasible because of the individual differences in every case. I prefer a third way, namely, to examine certain techniques and procedures which have been successful in an attempt to understand which elements have been instrumental in bringing about a change. The critical method commonly applied frequently places the emphasis on finding out what did not work and thus fails to shed sufficient light on what did work. I want to try the reverse approach.

Anna Freud developed her technique of child analysis for infantile neuroses, which comprised phobias, obsessional, hysterical symptom neuroses and anxieties. In this category fall those cases which are comparable to adult "transference neurosis," which Freud found eminently suitable for the application of the psychoanalytic technique which since then has been called "classical." For cases which deviate from these clearly defined transference neuroses modifications of technique in varying degrees are necessary. The point beyond which we no longer wish to call these techniques psychoanalysis proper is outside the scope of our immediate problem.

Anna Freud stated in 1952 that "Less well defined and fluctuating developmental disorders are on the increase at the expense of the real infantile neurosis which was more frequently recorded and treated by the analytic workers of the past. . . ." Modifications of technique in child analysis became necessary to secure therapeutic success with cases showing deviations from the "real infantile neuroses" for which the technique originally was developed. I shall take child analysis as a starting point in exploring the effects of other therapeutic techniques in relation to it; borrowing K. R. Eissler's term (1953), I shall explore "the parameter" of the technique of child analysis, as presented by Anna Freud in her books, *The Psychoanalytic Treatment of Children* (1947) and *The Ego and the Mechanisms of Defense* (1936).

the best therapeutic procedure for specific cases I shall attempt to do so in the following discussion

The closest approximation to the psychoanalytic treatment of adults is the psychoanalytic treatment of a child while he continues living in his usual environment. His independence in treatment is but a seeming one, for children are always dependent on their parents' willingness to tolerate the treatment. Even when treatment does not cost money, children frequently need transportation, which offers sufficient inconvenience to the adult to necessitate at least tolerant participation. Moreover, when changes occur—and we hope they do—they may not always be to the adults' liking. At such times parents may express their objections, be critical of the child and the therapy, and generally interfere. This circumstance might already be regarded as an indication that we cannot work with the child alone. We shall come back to this point later.

Before a therapist starts working with a child he needs to know a great deal about the child's history and something about the parents. When the parents first contact the therapist, they are prepared to talk about the child's symptoms and their concern or complaints about the child's behavior. Despite their willingness to talk about the child's history, we frequently encounter some difficulties in this area: sometimes they do not know what to say, and sometimes they do not want to say what is important. Sometimes they do not remember important facts in the child's life, and sometimes they forget things which occur every day. For example, they do not remember that the child had been upset when the new baby arrived—they remember only that the child was 'delighted'. Or they forget to say that the child still wets the bed. They are quite reluctant to speak about their own histories—after all, they came because of the child and not for their own sake. Only after the therapist has established a relationship with them can he get the material he needs to know. Sometimes the analyst is in a better position to ask direct questions after he has worked with the child for a while, because the parents are then more willing to answer, having a better understanding of the connection between their own lives and that of the child. A ten-year-old girl's persistent cursing and swearing, for example, led me to ask the mother where the child might have heard that. The mother, whose husband had died, then told me of an affair which she had had some time ago with a man who cursed and swore precisely in the way I described to her. She had not given this information previously because she had not considered it important, nor had she thought that the child remembered the swearing. The additional information obtained from the parents while the child is in treatment can then be used as one sees fit.

ment.' Upon his request, his mother dialed my number. He did not ask to speak to me but arranged an appointment with my secretary. In spite of the parents' reluctance to continue his treatment they finally acceded to his wishes.

I think one may say that all of these children were treated "alone." However much or little information their parents gave when I saw them occasionally, the children determined the course of their analyses by the material which they brought to me in actions, words and play. The parents were seen with the child's knowledge. The children always were informed by me, and sometimes also by the parents, of the content of my conversation with the parents so far as it pertained to the child. Problems which arose before or after my seeing the parents were taken up with the child, whether I would or should tell the parents about things going on in the treatment situation, whether the child trusted me or not, his fear that I might side with the parents against him, his hope that I would help him against the parents, etc.

These parents wanted their children to be treated, they were not particularly anxious and did not, even unconsciously, disturb the treatment process significantly. Even Robert's parents, who wanted to terminate his treatment prematurely, for whatever reasons they may have had gave in to the child's determined wishes to continue therapy.

What made these children available for help was their suffering, and their state of emotional development: they were either in different stages of the latency period or at the height of the oedipal phase, like Robert.

Children who are developmentally at the height of their oedipal feelings or already in the latency period, who suffer from their disturbance, and whose parents are not significantly disturbed themselves so that they do not interfere with treatment—these children can be treated by themselves with a minimum of contact with and information from the parents. The suffering child either is aware that he is disturbed from the beginning or obtains this awareness in the course of treatment without great difficulty. Anna Freud's technique of child analysis is thus applicable to him.

A different technical procedure will be used with children who are either chronologically or emotionally in the preoedipal phase. It must also be modified if parents, because of their own emotional reasons, do not permit us to work with the child only. Various therapists have described different methods of working with children in the preoedipal period. With the exception of the English school of Melanie Klein, which works only with the child independent of the child's age, all these therapeutic methods include the parents in the treatment process to varying

degrees, sometimes therapists go even to the extreme of working exclusively with the parents

Children in the preoedipal period—we can say roughly under five years—present a great variety of psychopathological manifestations. A child may suddenly refuse to sleep, eat, defecate, or he may suddenly be afraid of certain objects like dogs, airplanes or noises, darkness, to be left alone, etc. In the beginning such disturbances may be isolated and not affect any other areas of the child's functioning. M. Wulff (1951) calls this state of isolated disturbance a 'monosymptomatic neurosis'. A number of authors have reported on the treatment of such disturbances, as, for example, Augusta Bonnard (1950), Berta Bornstein (1934), Steff Bornstein (1935), Dorothy T. Burlingham (1951), Selma Fraiberg (1950), and Hedy Schwarz (1950).

A boy of three was brought to me by his mother because he had suddenly developed constipation and refused to use the toilet. He demonstrated to me in his play with dolls that he thought that he made a baby when he defecated. He therefore wanted to save his feces in order to make a nice big baby. I explained to him how babies grew where they came out and about his being a boy. He pretended not to hear me. At last he turned to his mother and demanded: 'You tell me!' He repeated the demand and insisted that she repeat verbatim what I had said, showing his disapproval when she deviated and demanding that she repeat the story again and again, as he did with other stories he liked. He refused to take the explanation when I gave it; it had to come from his mother.

In another instance a girl, age four and a half, in treatment because of a phobia of bees and consequent refusal to go out, had shown some anxiety about getting herself dirty. One day she started painting but did not get very far because the time was up. We postponed it for the next session. Although she had come alone into the office so far, she insisted on bringing her mother the next time and we all painted. She observed her mother while we painted and only when she saw that her mother got herself dirty did she relax and enjoy herself too.

These children show their need to have mother's approval and permission for their feelings and thoughts. They have no judgment themselves but accept only what mother says is right. Conflicting ideas expressed by people whom they like are extremely disturbing to children of all ages, yet older children, i.e., children who are past the oedipal phase can bear some disagreement with adults or between adults. The child in the preoedipal period, who is still so strongly dependent on the mother, is unable to do so. Therefore unless the mother is in agreement with the therapist the child cannot accept therapy.

This dependence of the young child on the mother makes it necessary to include the mother in the treatment process. In addition we need to

get information about what is going on during the time between treatment sessions when we do not see the children. The communication between parents, therapist and child must be free and easy. The therapist must be allowed to use what information he has about the child, and the mother must be able to use with the child what the therapist has conveyed to her and to talk about the therapist. It seems natural to the child that sometimes he plays alone with the therapist and sometimes mother may join them, sometimes she may be present, at other times not, and also that therapist and parent may talk without the child present as grown up people do. In this way the therapist can make use of a variety of situations.

If the child's particular anxiety consists in being separated from the parent, the situation would have to be adapted to this particular disturbance. In all phobic conditions treatment must have progressed to a certain point before the patient can be induced to renounce his specific technique of avoidance. With a child who is afraid to be separated from his mother treatment will first aim at enabling the child to stay with the therapist without his mother. Although some apprehension in meeting a stranger may be considered normal in a young child, we do not believe that 'separation anxiety' is the core of all neurosis in children, as for instance the followers of Otto Rank and Frederick Allen maintain.

Parents express their need to be included in the treatment process in different ways. They may be worried when they do not know or understand what made their child disturbed, or what they may have contributed wittingly or unwittingly to the child's pathology. They wish to be able to avoid the same mistakes. They may be jealous, feel guilty or defensive. We must not neglect their feelings. It is 'their' child. They decide whether the child should be treated, and their willingness to co-operate with the therapist, who is helpless without them, might be a decisive factor in the success of the treatment. As long as parents and therapist can successfully work together in the therapy of the child, it is the natural working arrangement. However, only if the parent is not too disturbed himself or if the disturbance of the child is not identical with the parent's own disturbance, can we limit our contact with the parent to that just necessary for his assistance with the therapy of the child.

Whenever the parent reacts to the treatment of the child with such apprehension, jealousy, and guilt feelings that his own disturbance affects the child, the amount of time spent with the parent must be increased. We may have to allow the parent, usually the mother, to be present in the treatment situation until she is able to leave the child alone with the therapist. If the mother cannot bear to leave the child, the child

cannot stay alone without conflict, consequently we will not expect the child to do what his mother is not able to do

The situation may demand that the therapist deal with the mother alone until she is able to allow the child to be treated. The degree of the mother's disturbance will determine whether the therapist can work with the child and use the help of the mother, or whether the mother may need therapy herself. If both mother and child need treatment I think it preferable that each be treated by a different therapist for the following reasons. I find it too difficult to keep the problems of child and parent so apart from each other that I would not be influenced in one or the other direction. Moreover, since I wish to use information given by the parent in the treatment of the child, I feel handicapped when the discretion imposed upon me by the treatment situation of the parent prevents me from freely using my knowledge of the situation. However, Melita Sperling (1950) treats mother and child simultaneously or in successive hours. She claims that the deeper insight into the mother's disturbance can be directly applied in the therapy of the child.

When the parent is being treated by another therapist, a minimum of contact with the parent needs to be maintained by the child's therapist. So long as the child is dependent on his parents for socioeconomic reasons and is exposed to their ideas, moods and actions by living with them, the therapist of the child is dependent on their co-operation.

The cases in which we find the child guidance approach of separate therapists for parents and child successful are those of children who show certain habit and behavior difficulties which have always existed, without disturbing either child or parent up to the time of their seeking help. Frequently the decision to get help has been forced upon the parents by persons outside the immediate family, for example by school teachers who find these children different from others. Such children may soil, wet, eat poorly, suck their thumbs, masturbate, refuse to go to bed, dress or undress or generally refuse to do what they are asked to do. As long as the children are young these habits, even as they persist for an unusually long time, do not disturb the parents. When the parents finally think something should be done about such difficulties they find themselves unable to do so. The children react to their parents' belated efforts with anger and resistance, and often new difficulties are added to the old ones.

Sometimes the therapy of the mother alone changes the attitude of the mother to the child in such a way that the child's difficulties disappear. What the mother gets in this therapy varies according to her needs. There is, however, a common factor in these cases in the support

ing role which the therapist assumes. In discussing the child's problems with the parent, one treats the child like a symptom of the parent, taking the child's problems as the focus of discussion and going into whatever the ramifications may be—whether they be marital problems, recent and past conflicts with parents or parents-in-law, i.e., the grandparents of the child, sibling rivalry, etc., yet always returning to the child. Thus, the parents' own conflicts are discussed only in connection with the parents' attempt to learn to understand the child. The therapist has to listen patiently to all these problems, and should be sympathetic and tolerant. The woman who may feel harassed by the manifold demands made upon her in the role of wife, mother and housekeeper, and sometimes even working besides, thus encounters someone who offers and gives help to her instead of making demands upon her. One can observe in some instances that such a mother, who felt put upon, exhausted and angry, after having been given support by the therapist, is able to adopt a supporting role at home. Perhaps she feels relaxed after having talked about her problems—perhaps she obtained some satisfaction and is therefore more able to give satisfaction—perhaps she identified herself with the therapist and can now do what she could not do before. In any case, the mother may start functioning better in relation to the child.

The therapy of the child is often the means by which the mother may be able to accept therapy for herself without losing face. When both child and mother are in therapy, the mother's attitude may change, but so does the child's. They react differently toward each other. The mother may be more able and willing to continue at home the corrective experience started by the child's therapy. In this kind of therapy the child is seen usually only once a week; therefore it can be effective only when the atmosphere of the brief therapeutic contact is sustained by the attitudes of both parents at home.

The therapy of the child in such cases consists of play and talk. All kinds of occupations are used in the therapy hour. Skills are developed in an educational way. Often it seems to the observer that a lot of time is wasted. Yet the relationship to a friendly adult has a stabilizing effect upon the child who has a period free from fear, anxiety and uncertainty. If he needs to test limits, he may do so without having to be afraid of dire retaliations or actual danger to life and limb, and gradually he may get into the frame of mind which permits him to learn something new, such as tying his shoes or going to the bathroom, or perhaps crying instead of withdrawing, or asserting himself without having to get into a temper tantrum. This is what one may call a corrective experience.

It is not quite clear what the therapy consists of that could not be



done by the mother herself, except that she obviously could not do it. Then why could it not be done by some other person—a teacher, an educator or some other friendly adult? Why does it have to be a therapist? Usually the reason is that the mother would not allow another person to be a 'better mother' to her child than she is herself. She would not allow it to happen with the therapist either if she did not receive some help herself which enabled her to allow it.

Habit disorders—soiling, wetting, bad eating, resistance to going to bed or staying in bed, to dressing or undressing, general disobedience and difficulties in getting along with children—are mostly reactions to the parents' inability to establish the desired habits. When parents learn how to handle the child differently, the preschool child who is flexible and easily influenced, reacts comparatively quickly.

These habit disturbances, or rather the lack of habits, are mostly reactions to inadequate pedagogical procedures. Although with the help of parents they can be comparatively easily corrected in young children, they become serious defects in older children. With older children habit disturbances never stand alone, but are always part of a more general developmental disorder, characterized by impulsive behavior, lack of controls, frequently combined with an oedipal period that is unduly prolonged and does not flatten into latency, as well as with a variety of asocial behavior (Buxbaum, 1950).

These children are hard to manage. They are willful and seem to be living by the pleasure principle only. Postponement of satisfactions is intolerable to them. They attempt to control and boss their environment instead of controlling their desires. Such a state of affairs could not have come about unless their parents had allowed it to happen. Often overt or slightly covered up neglect is the cause of the children's lack of socialization. However, not too rarely, such habit disorders occur in children who are well taken care of. The parents assure the therapist that they did everything recommended in a book, or in many books. The attempt at following sometimes divergent views led to inconsistency in dealing with pedagogical problems. But we know that these parents would have been inconsistent with or without books, with or without advice. They have a tendency to be inconsistent in regard to their children as they probably are in regard to themselves. For instance, some parents who were enuretic themselves promote enuresis of their child despite visible efforts to the contrary. For example, a ten-year-old boy was sent to be treated for his enuresis, but the mother left the wet sheets on the bed, did not air them out and did not clean the room because she was disgusted. The fact that she herself used to be enuretic gives us an understanding of the

reasons which make her work against therapy despite her obvious efforts to the contrary

Or, a father tells with delight about the tricks his little boy plays on everybody including himself. Admiringly he says that he would not have dared to tell his father or mother off the way his nine year-old rascal does. No wonder the boy continues his tricks and his disobedience. Obviously the son fulfills the secret childhood wishes of his father. The father punishes and spansks him every so often, but the boy knows that his father would rather have him be naughty than good.

These secret wishes of parents are no secret for the children, who understand signs and actions better than words and act accordingly. John son and Szurek (1952) and Bettelheim and Sylvester (1950) have described these attitudes of parents and children as superego lacunae. As long as children live with such parents, the parents must undergo therapy—and we wonder whether anything short of analysis would do it—before the children can give up these disorders, which both gratify their parents' secret wishes and provide easy satisfaction for themselves. If the parents of such children are not willing to undergo therapy, the treatment of the children will not be successful while they remain at home. It will therefore be necessary to place them in an environment where the parent substitutes do not have the same tendencies as the parents.

If parents of such children accept treatment for themselves, they should not be treated by the child's therapist. If parents on the conscious level try to promote the cure of their child, while unconsciously they aid and abet his acting-out behavior, they need to understand their own unconscious motivation for so using the child. These unconscious tendencies, however, exist in them independent of the child and if child and parent are treated by the same therapist, they unite against him unconsciously, although consciously they wish to co-operate.

Mrs. N. had brought her nine year-old boy for treatment because of his cruelty to his younger siblings and because of disobedience and physical attacks against her. Some of the boy's behavior was a reaction to the cruel father who made the boy fearful and revengeful. Haunting his father who did not allow any expression of hostility against himself, the boy displaced his feelings onto the mother and his younger siblings. Since the father refused to consider even counseling, much less treatment, it became necessary to remove the child from his home. The parents agreed, but the boy refused to leave home. We were at an impasse and as a last resort requested that the mother see a male therapist for herself, which she reluctantly did. In her therapy it became evident that she unconsciously wanted to continue fighting with her son as she had done with her older brother, whom she had loved, who had seduced and beaten her and who had died a hero as a

young man. This material came out in the transference with the male therapist. Shortly afterward she registered the boy at a private boarding school to which the boy went without difficulty. The boy's inability to leave home was produced by the mother, who unconsciously wanted to continue the fantasied relationship with her brother. When she was given a chance to transfer her feelings for her son (brother) onto the therapist and to become conscious of their meaning, she was able to release her son. The cruelty and aggressive behavior in her husband's personality attracted her because of her previous incestuous relationship with the delinquent brother. The son, at the time closer to the image of the brother, was a less dangerous object for the repetition of this relationship than her husband of whom she was afraid. She used her son as a protection against her desire to provoke her husband's attacks on herself by exposing the boy to father's punishment, which she then watched unharmed herself. Although the father refused to have any part in the therapy, he was willing to pay for the boarding school and for the treatment of his wife and son. His refusal may also have been influenced by the mother's wish to keep him as he was. But since she discontinued her own therapy as soon as the boy was placed in the boarding school, we only can speculate about it. She might have been afraid to lose her husband as she had lost her son or to lose her masochistic satisfactions if she continued therapy.

In most cases where removal of the child from home becomes necessary, treatment of parent and child may be helpful in achieving such a goal. If the same therapist works with child and parents, the therapist necessarily identifies with both sides, and the parents identify with the therapist. This situation is much more conducive to holding the family together. The parents may find themselves competing with the therapist for the love of the child, wanting to be as good as he is. If different therapists are working with parents and child respectively, it will be easier to disentangle the interests of each party and, if necessary, a complete separation can be achieved.

All therapy with children takes the relationship between children and parents into consideration. This relationship takes on a special meaning when the child is physically sick. Even when a child is sick for only a short while, he needs more care than at other times. Usually it makes him more dependent on the mother than he was before his illness. When illness is prolonged, the child may easily regress to a stage of dependency, which he has left only a short time ago. This is particularly evident in illnesses which require care and restrictions for a period of years, such as rheumatic fever, poliomyelitis, heart trouble, and many others. Whenever children are chronically ill either from birth or early in life, their relationship with the person who takes care of them is peculiarly intensive and extremely dependent. Yet it is not only the child who becomes de-

pendent on the mother, or on the nurse, the father, or another relative, but the reverse situation is equally true. Margaret Mahler (1952) speaks in this connection of the 'symbiotic' relationship. In all these cases there is an interrelation between psychological and physical factors which has direct bearing on the physical well being of the sick child. This is strikingly true in epileptic children. Some parents cannot bear the idea of their child's being epileptic, consequently they deny the existence of obvious symptoms. This was true of a mother who came for therapy in her own behalf, feeling anxious and upset about a great number of things. Eventually she mentioned how annoyed she was with her five-year-old boy who constantly fell and got all bruised, "and why wouldn't he watch where he was going! He was even falling down staircases, and someday he'll break his neck, the little fool!" She thought that perhaps he too could profit from therapy. Examination revealed that he was epileptic, and he was given medication. The mother's anxieties were considerably reduced when this condition was recognized and treated. Her anxiety had been displaced from the child onto herself. In another case the mother, who was responsible for giving medication, forgot about it and thus for needs of her own produced seizures in the child. The child, too, can produce seizures for unconscious reasons. A girl, age nine, threatened, 'I'll be dizzy' (her expression for seizures) whenever her parents scolded her or frustrated her. As a result, she dominated her whole family. The parents in turn hated her for forcing them into giving in to her, frustrated her unnecessarily, and thus produced the feared seizures. They changed from one doctor to another, changing medication so fast that no results could be obtained.

The mother who denied the illness of her child was able to handle the child with the help of her own therapy. In another case, mother and child were treated by different therapists, and in yet others by the same therapist.

The same considerations that are valid for organically sick children also apply to psychosomatic disturbances. I have no experience myself with children who suffer from psychosomatic difficulties. Melitta Sperling (1949) described a number of cases in which she analyzed both mother and child in succession. She describes impressively how the mother's disturbance has direct bearing upon the child's symptom, how the child in turn can use his symptoms unconsciously to satisfy or attack the mother. Other workers, for example, Emmy Sylvester (1945b) were able to work with the child when he was entirely separated from the mother. Apparently both approaches are valid.

The techniques used in the treatment of children who are called

socially, economically and culturally much below the standards of Henry's parents. However, Henry too is much below his parents' standards, and he will never be able to meet them. It is to be hoped that he will fit into this new environment or perhaps into another one of a similar kind. Henry's condition forced the therapists to find an environment into which he would best fit, since he could not adapt to, nor be accepted by, the one into which he was born.

Charles, age seven, resembled Henry in many ways. He too was a 'psychotic' child by clinical appearance, history and psychological tests. Yet his therapy took an entirely different course. When he entered the institution, he was out of contact with reality, hallucinating, attacking people unpredictably, and refusing to talk. He lived with his mother and had no father. The mother worked while finishing her education at the same time. She had no time for him and always had left him in the care of other people during the day. The institution was an improvement over what he had had before, because his mother had neglected him quite badly. Since she refused to participate in the therapy by coming for regular appointments and did not want to be bothered, contact with the mother was dropped. She rapidly lost interest in the child, visiting only rarely. Visits were disturbing to the child, therefore she was asked not to come at all if she could not come more often and stay longer. This, however, was the turning point. The boy became worse, withdrew into himself and finally refused to eat. The situation became so alarming that attempts were made to hospitalize him but facilities were not available. As a last resort, reversing previous treatment plans, the mother was called in. She was given financial support, and arrangements were made for her to live near the institution, thus enabling her to take the boy home at night. During the day he stayed at the institution which then actually functioned as a day-care facility. The mother was grateful for the help and accepted therapy for herself in connection with the everyday problems of the child, later on revealing more and more of her personal problems. Charles ate again from the moment he saw his mother. Continuing in therapy with a male therapist, he improved steadily. He stopped hallucinating and was able to go to school. The mother received supportive treatment in which she used her therapist, a woman, as a mother substitute.

In this case it seemed that the mother could to a certain extent function as a mother to her child as long as she herself was taken care of by a mother substitute. It is significant that she could accept therapy only after she had received financial help. The child was unable to live without the mother. It could be argued that this assumption was incorrect and that, if a different course had been followed, the child might have overcome this critical point and accepted the situation. Yet I think his improvement at this point indicates that the forced separation was more than he could tolerate, whereas being with his mother, however bad she may have been, had a therapeutic effect.

Children express their needs for their parents only rarely in this dramatic fashion. Generally it seems to me that long lasting separations

between severely disturbed children and their parents tend to be permanent. Parents who do not see their children regularly cannot appreciate the change their children have undergone, and they do not see any need for changing themselves in regard to their children or for seeking therapy. When the children are ready to leave the institution they either are not welcome at home, or they return to find the same unsympathetic environment, thus they cannot maintain their gains. It is necessary to keep up the contact between parents and their psychotic child during the child's absence from home, if his eventual return is planned. One can do that either in the way of the Boston Day Care Center by taking care of the children during the day and letting them go home at night, with mother and child in therapy, or, if the child is admitted entirely to an institution, the parents must be kept in contact with the child as is the practice at the Langley Porter Clinic in San Francisco. The contact can be varied as to frequency, place, and duration, according to therapeutic needs but gradually it should be increased in order to prepare a return to the home. Such contacts will provide the necessary incentive for the parents to accept therapy, which in turn may enable them to accept the child.

Working with psychotic children in their home is extremely difficult. It entails therapy of the parents of course. But if there are other children besides the patient the differences between the children make for constant disappointments and frustrations and progress is constantly endangered by the repetition of old traumatic situations. Temporary removal from home may be necessary, either during the day or totally, while contacts with home are maintained in different ways.

In summary I have tried to show that there should not be any uniform or standard procedure in therapeutic work with children and their parents. The specific nature of the relationship between child and parent should, in each individual case, determine recommendations for the extent of contact to be maintained and for the therapeutic method to be used with the parents. While the neurotic child from the height of the oedipal phase on may be able to sustain treatment by himself all other disturbances need a higher degree of co-operation on the part of the parents. Separation of parents and children is at times unavoidable, however, only with simultaneous treatment of the parents will the child be able to resume living at home without the danger of regression to his previous difficulties.

#### INTERVIEWS WITH CHILDREN

So far I have discussed the part which the parents play in treatment and have tried to show that it depends on the child's type of develop-

mental disturbance, on his age, and on the parents' character structures and their emotional difficulties

In discussing interview techniques, I shall start with some devices which Anna Freud has worked out, in her *Technique of Child Analysis* (1947), for the child with a "classical neurosis" and then examine the modifications which become necessary with children who have other developmental difficulties. I shall discuss the following types

- (1) Childhood neurosis
- (2) Symptomatic disturbances in children under five
- (3) Behavior disorders in
  - (a) Children under five
  - (b) Children over five
- (4) Behavior disorders versus neurosis
- (5) Children unable to relate

### *Childhood Neurosis*

The child whose development allows for the procedure of child analysis usually can stay alone with the therapist after the introductions are over. In the first interview the reasons for treatment given by the parents are mentioned to the child and he is asked to tell us what he thinks about them, whether he agrees or disagrees and whether he has other reasons which differ from those of his parents.

Ben was brought to me at the age of nine years (Buxbaum 1946). The symptom consisted in recurrent episodes of malicious and vicious behavior in a child who usually was friendly and well behaved. He had no friends, did not know how to occupy himself and was unhappy. At times after a scene he would walk out of the house and stay away for about an hour. According to the history which the parents gave, this behavior had become increasingly worse during the last three or four years. As a young child Ben was a happy, alert little fellow. He had a baby sister who was then two years old. Previous to that, when Ben was five years old, his mother had a miscarriage. Ben had been told about the arrival of a new baby and had been rather disappointed when it did not come.

He came willingly to see me. When I asked him why he wanted to come, he said sadly, "I could not get any clothes yesterday. Those which mother and the saleslady wanted him to take were for a kid seven years old! and those for nine-year-olds were much too big for him!" While we were talking, we also played checkers, a game which he chose. He told me he liked to play, his little sister was too dumb and nobody else had time. He did not play with the kids—they did not like him because "I have an ugly face." The game proceeded amiably and peacefully but was a little boring. After a few sessions he began cheating when I made a remark about it; he accused me of cheating, hit me, kicked me

She also told him that the hospital disposed of the fetus and that she was very sick and grieved by the loss of the baby. This information clarified things for Ben and greatly relieved his mind. His mother was not a bad mother; she loved her children!

Ben's behavior, which we had understood as defensive action against an unknown danger, changed markedly after he had been given the following interpretation: You think that mother will be angry and throw you out like you thought she had done with the baby.

This fragment of a child analysis may serve as an example demonstrating the dynamics of therapy. I started with a statement of the child's disturbance in the words of the parents—which was followed by the child's complaint in his own words. What he presented could be understood in the course of the analysis as an essential part of his unconscious anxieties and fantasies. He was unhappy and wanted to change; this constitutes the insight into illness which we need as a basis for treatment.

Games or other occupations, general conversation supplemented by candy or other foods established a relationship between the child and the therapist which soon became a transference relationship.

The child was confronted with his repetitious and irrational behavior, and he learned to look at it objectively. When he had become able to do so, he often said, 'It was the Gremlin—not me!' This expression showed that he regarded his behavior as strange, not belonging to him, it was like another person acting in him. The 'Gremlin' was that 'ugly, little boy' whom nobody liked, the fetus, whom he hated. He was in conflict with this part of himself, even when he apparently made use of him.

Two approaches were adopted in utilizing the material: (1) clarification (Bibring, 1917), i.e., getting the facts straight as they are in reality, and (2) interpretation, i.e., explaining irrational behavior in terms of fantasies and past experiences. Transference interpretations were made in the same way, reality and fantasy in regard to the therapist were separated.

There were also some educational procedures in Ben's treatment. One was my attempt at protecting myself from his attacks, the other was my encouraging the mother to do the same. She had not done so, thinking that Ben could not help it. However, to allow such attacks was tantamount to inviting them, which was not desirable.

Ben had an anxiety neurosis with breakthroughs of acting-out behavior. He was, by age and development, in the latency period with defensive mechanisms well established. He developed a transference which at times strongly resembled that found in an adult neurosis. This



made him amenable to the procedure of analysis with a minimum of active participation on the part of his (analyzed) parents

### *Symptomatic Disturbances in Children under Five*

In treating younger children with symptomatic disturbances I find it necessary to have the parents participate actively. In my example of the three year old boy with constipation, I have described that I had to explain things through the mother. The explanation was a clarification of his ideas of child birth, namely, that children were not lodged in the intestines and were not born through the rectum. Clarification of misconceptions is one of the most important techniques with young children.

Peggy four years old was afraid of bees. It turned out that to her bees were bugs which she confused with cold bugs. Having had some bad experiences with illnesses which were called colds and for which she received shots she was afraid to get sick from the bugs i.e. bees. A bee had stung her mother airplanes and motor boats hummed like bees—she was afraid of all these things. She had become sick i.e. caught a cold in an airplane and was from there taken to the hospital and consequently separated from her mother.

The way Peggy let me know about her fears was through dramatic play into which pieces of conversation were woven. Whenever one or the other of these topics was mentioned I asked the mother what the story behind it was which the mother usually could supply. I could then talk about it with the child or the mother would sometimes we both did.

I have mentioned before that Peggy demanded that her mother participate in printing which meant to her that mother should be there and let her know whether it was really all right to get herself dirty. When she had this assurance she proceeded to show me that she masturbated. The mother was not in the room at the time. I had a talk with the mother alone about masturbation. After some hesitation she remembered that Peggy had stuffed sand into her vagina. The mother had scolded her about it and had washed her vigorously in the bath tub. Stuffing sand into her vagina had been preceded by a catheterization by the doctor in order to have a urine examination. Peggy had demonstrated this catheterization to me on many occasions in playing with the doll but I did not understand because the doll was not correctly built anatomically. This material was followed by a clarification in regard to sex differences and also by telling her that although it was not good to stick things into her hole it was all right to touch it. This explanation and particularly the revocation of the previous punishing attitude about masturbation had to come from the mother directly in order not to confuse the child. This procedure is essential whenever a command or prohibition given by the parents needs to be revoked for therapeutic reasons; it must be taken back by the person who first pronounced and enforced it.

Another example may illustrate this point (Buxbaum 1917) a mother of a two-year-old boy consulted me because her child started to stammer. It turned

out that the little boy had picked up one of the forbidden four letter words and had used it constantly. The mother forbade the use of the word. He could not understand why, since he never before had been forbidden using words. He reacted by continuing to use the word teasingly. A battle ensued and the mother finally punished him. He gave up using the word—but started stammering. The mother was advised to tell the child he might use the forbidden word and that she would not punish him. He played with this suggestion provocatively for a while then lost interest in the word. The stammering disappeared.

The punishing attitude of the mother connected with talking had disturbed his speech altogether. It was necessary to reverse the process which had led to the disturbance in order to restore his ability to speak. The child was unable to understand that just one specific word was forbidden. For him the whole area of speech became dangerous and forbidden. The prohibition, therefore, had to be revoked completely.

Sometimes the whole area of an activity is disturbed, as it was in this case, when one part of it is being restricted. In the course of therapy it may be necessary to promote regressions and to revoke previous prohibitions. The purpose is to allow the child to return to a point which precedes the disturbance in order to be able to re educate the child to self control in these areas rather than to have to inhibit drives to such an extent that development is blocked.

Clarification and revocation or modification of parental orders are technical devices of importance with young children. They can be effective when a misconception has to be corrected by giving factual explanation. We are dealing here with suppression rather than repression. A command which has led to inhibition of an activity can be revoked with the help of the person who gave it, as long as it has not been introjected into the personality but is dependent on outside threat.

Similarly, activities expressing aggression and other forbidden drives, e.g., *smearing during therapy sessions*, should not be promoted without the active co-operation of parents, unless they are in parallel treatment and are prepared to go along with the child. Outright contradictions of the parents' orders, I think, cannot be used therapeutically without their knowledge and participation.

Symbolic interpretation is used by many child therapists following the English school of child analysis with the idea that translation of symbols is easy with children, particularly young ones, because they are 'so close' to the unconscious. It is true that children will play with a stick and call it a penis or make mud pies and eat them, calling them by whatever their word for defecation may be. Similarities in shape, color

or consistency lead to associations of this kind before repressions are fully effective. Four year old Allan picked among the toys an alligator with a broken tail during our first session, brought it to me and demanded that I fix it. His trouble was bed wetting. It was easy to talk with him about his concern that something might be wrong with his penis—but we did not know what was wrong or why he thought so. Symbols indicate the general direction of the material, but they do not help in finding out specific fantasies or experiences. Since repression in young children has either not yet taken place or is not very deep, the children do not show the resistance to talking about such topics that we find in older children or adults. Their readiness to talk directly about everything is mistaken for 'knowledge' of symbols. Anna Freud (1936) says, 'By translating symbols we may reveal the contents of the id without really gaining any deeper psychological understanding of the individual with whom we are dealing.'

### *Children with Behavior Disorders*

The counterpart to the treatment of children who are inhibited is the treatment of children who are uninhibited, i.e., young children with behavior disorders due to faulty training or lack of training. In discussing the treatment of such cases, I mentioned that its success depended essentially upon the parents. One may even wonder whether the term treatment is in order. Actually treatment in such cases consists in supplying a piece of education which normally should have been given by the parents. If it seems advisable that the child be seen by the therapist, a positive relationship is the basis upon which the child will be able to accept education, i.e., he will learn to exchange love and praise for restrictions and frustrations, having given up old satisfactions, the child will look for new ones and thus progress in his development. Lack of training frequently results in general retardation of development in a similar way as does inhibition. For instance, children who are not bowel trained but are kept in diapers longer than necessary may be equally retarded in speech or eating, unable to dress, etc. As soon as this lack of training is remedied, development in other areas may follow.

The treatment of behavior disorders in older children is, as I mentioned before, a much more complicated matter. For one thing the child does not feel any need for treatment, it is the suffering parents who want to get help. The first part of treatment then consists in promoting motivation for treatment in the child, which is usually a rather complicated and time-consuming process.

When Mary, age ten, was brought for treatment, her mother was concerned about her truanting and stealing. Mary, who was willing to try treatment, was quite friendly during the first session. She tested me in various ways—investigating the room, the desk, taking cigarettes, stuffing herself with candy. When I asked her whether and why she wanted to come, she wrote down, "I don't like to live because I am not liked a bit and I make so much trouble Mary." This looked like a good start but we were a long way from being able to make use of it. After the first session Mary demonstrated the full arsenal of her devices. She showed her resistance by coming late thirty to fifty five minutes. In playing she cheated. When I let her know that I noticed it, she accused me of cheating and started swearing at me, withdrew to the door, watching me, slammed the door and left. When she returned the next session after one of these scenes as if nothing had happened, I asked her why she had run away. Did she think that I would hit her or punish her, was she afraid of something like that, had it ever happened to her? After a silence she said, 'What would you expect a little girl two years old would do when she is very much afraid of a little dog that barked at her?' I said she might cry or run away. She scornfully said, "That's what you think! But I, because I was the little girl, I barked at him!"

This statement was helpful in letting me know that she attacked when she was afraid. This type of behavior does not differ from that in a neurotic child—as a matter of fact, we found it in Ben, our example for neurosis. However, Mary was afraid when she felt guilty about something she had done, e.g., when she had stolen or had gone to the movies instead of going to school, she was afraid of being punished. Sometimes she told me herself, when I guessed right sometimes I was informed by her mother, as for example when Mary had pilfered her mother's purse or when they had had a major fight. She really made a lot of trouble, but she did not want to change—except for one thing which was her bed wetting. She said after a few weeks, 'I wet my bed. Can you help me so I won't?' There was a sequence from her misdeeds to her attacking me, her mother and other people, to her bed wetting. My attempts at showing her this connection did not work at first, because it entailed too much effort. And Mary was unable to make a sustained effort or to be patient. She had to be shown how to do it on many occasions and in various ways. For example, she was intelligent, but did no school work whenever she thought she would be caught at not having done her lessons, she truanted. I offered to help her with her school work. I did it for her, helped her, asked her to help me with it. Anyway, she had it done by hook or crook—went to school—and the bed was dry!—to her amazement and my relief. There was also a period when she had white rats. They were neglected, dirty, hungry, sick, and smelled—like she had been at times in her life. The mother, who was in analysis herself, gave Mary more of her time and attention and did more things for her—so did I. Eventually Mary began to take care of her pets, became very anxious and concerned about them—and again the bed was dry for a few days. Every bit of progress she made appeared in reaction to some satisfaction she had obtained in other ways. She drove a hard bargain, and never gave up any gratification before she knew what she would

get for it. The analysis of the neurotic parts of her behavior became possible in the second year of her treatment, after her delinquent behavior had largely subsided and when she had become genuinely concerned about her persistent temper tantrums and her inability to control her bladder. From then on her treatment was more like the treatment of a neurosis. The problem of bed wetting made Mary amenable to treatment while her other behavior disorders did not bother her. But somehow it was possible to bargain with her. She had to give up her delinquent behavior if she wanted to keep her bed dry. One could say that the bed wetting saved her from delinquency in the end.

Mary represents a type of behavior disorder which was first described by August Aichhorn (1925). She is a neurotic delinquent. Her treatment required efforts in three directions which did not follow chronologically but were interwoven. (1) motivation for treatment had to be induced, (2) she had to be helped to dissociate herself from her delinquent behavior, which she was unwilling to give up because it allowed her gratification without effort. She had to learn self control to work instead of cheating, to go to school instead of truanting to dress and work instead of running around like a ragamuffin. This was done with much active participation on my part as well as on her mother's. These are what we may call ego building devices. Gradually Mary substituted my values for her own, accepted my judgment over her own and became more civilized. (3) Her neurotic symptom, namely the bed wetting had to be treated analytically.

The treatment of older children with behavior disorders without neurotic symptoms or with little anxiety is even more difficult. They do not suffer and therefore have no need for treatment. They have so far not become educated. Most likely this is a failure of their parents who may have been inconsistent or may have unconsciously favored their child's delinquent behavior. The child is used to easy satisfactions and is not willing to give them up. If we succeed in finding a chunk in the armor and can make the child feel uneasy, guilty or anxious—that is if we can find traces of hidden suffering we can work with the child in individual therapy. Mary's desire to get over her bed wetting for example, made her accessible for treatment.

Richard, age eight, illustrates the other type i.e. delinquency without neurosis. He stole, truanted and set fires. After one year of unsuccessful treatment while he continued living at home he was admitted to an institution. He behaved in such a manner that he made it difficult for the house staff to abstain from manhandling him. When the adults did not fall in with his provocations the children did. This gave Richard justification for treating them as he had been treated before. He hit them and hurt them as much as he could. The therapy

consisted of repeatedly confronting him with his provocations of others and his punishing them. Somewhat later it was learned through observation that Richard, after having succeeded in being beaten by a boy, would attempt to engage this same boy in sex play. When his therapist confronted the child with this sequence of behavior, Richard recognized that he was unable to stop this behavior by himself but needed help to do so. Finally he revealed that his father had spanked him for his misdeeds with sadistic pleasure and ceremony and following the procedure had petted and loved him, playing with the boy's penis. Richard responded to the father's sadistic and seductive handling by repeating the delinquencies in order to get masochistic and sexual satisfactions. It became clear why treatment could not work as long as the boy remained in the parental home. He had no need to give up his delinquencies and the masochistic satisfactions which followed. But, above all, he would not reveal what was going on between him and father as long as he was living with him.

The wish to change his behavior pattern was to a large degree brought about by the change of environment, which removed previous masochistic and sexual gratifications, and also offered such gratifications as were acceptable. He began to like the people with whom he lived and wanted to be liked by them. When he did not feel fully accepted, he first blamed them for rejecting him, but later he began to realize and to admit that he himself through provocative behavior had made it difficult for the people in the new environment to like and accept him. This step in the direction of a more correct evaluation of reality forced the child to face his projecting, paranoid mechanisms. The ability to recognize and face them had ego-building effects. However, ego building and strengthening devices like the one described, as well as others, are of paramount importance in all cases of behavior disorders (Buxbaum, 1950, Redl and Wineman, 1951, 1952). For example, in the young child educational measures set controls from without which eventually become introjected. In older children controls from without are useful only when they can be taken over almost simultaneously by the child himself. If mastery of a situation is required, the older child wants to do it for himself. He cannot tolerate domination from the outside. It is for this reason that such children may respond better in groups than in a foster home, because they can more easily accept criticism from their peers than from adults.

#### CHILDREN UNABLE TO FORM STABLE OBJECT RELATIONSHIPS

All children discussed so far were capable of forming object relationships, which we have postulated as an indispensable requirement for therapy or education. Some children have no difficulties in this area, others need time, patience, and gratifications of some sort in order to

establish relationships. It is the *children who seem to be unable to establish a relationship with anybody who puzzle and bewilder us*. They are called autistic, psychotic, schizophrenic, atypical, prepsychotic, preschizophrenic, depending upon the terminology used by the diagnostician. What they have in common is their inability to form a genuine object relation and their retardation in ego development.

I have already discussed the necessity to put such children into a total treatment situation which is environmental, whether they remain at home or whether they are institutionalized.

My own experience with such cases is limited to supervision of institutional personnel, i.e., house staff and therapists. The role of house staff who function as parent substitutes is of primary importance.<sup>1</sup> In supervising such cases I have found it to be most important that the person or persons working with such children be more than interested in them, that they are able to discover even the smallest sign of response. If the child likes to be held, he should be held; if he shies away from physical contact, he should be allowed to keep his distance. If he likes to be fed, he should be fed by hand, from the plate of the mother or mother substitute, or with a bottle; if he just wants to eat, he should have food, but let it be provided by a person. Physical contact, everyday routines of washing, dressing, toileting, eating, are the main avenues of gratification and approval. Taking care of a child during an illness sometimes offers an opportunity to get into contact with a heretofore unapproachable child. Regressions to all levels will occur and have to be allowed in order to establish a relationship on whatever libidinal level the child is. When a child so spoiled becomes dependent on a person—and usually it is just one person—then we have succeeded in establishing a relationship. From here on we can start to reeducate the child, though not as fast as

<sup>1</sup> Since in this particular institution, Ryther Child Center, Seattle, social workers work within the institution, children who show any interest in 'having a social worker' are assigned to a social worker—in reality the child chooses the worker. Often the children do so in order to have a period during which they can have an adult all to themselves without having to share him with other children. The worker is completely informed about everything that goes on in the child's life and can talk or not talk about it at his discretion. He is just an extension of house staff. When he makes observations which enhance understanding he shares them with the house staff so that they can be used. Interviews with therapists who know less than the house staff are useless in my opinion, on the other hand, whatever one can learn about the child can be of value if all people concerned share the information. Interviews in the institution are set up in a flexible way. They are limited to a maximum of an hour a day. But sometimes children wander in and out a few times a day for a few minutes, just to make sure that the therapist is there. Or they stay during their allotted hour, anywhere from ten minutes to the full time. If the child does not want a therapist, he remains entirely in the hands of the house staff.

other children can be educated. There will be many relapses, when the educator will need to give in and retreat, allowing the child to revert to old habits. There seems to be an extreme sensitivity in these children which makes them withdraw, become panicky, have temper tantrums at the slightest provocation. It is essential to understand what causes these relapses and outbursts. They need to be explained to the child, i.e., clarified in terms of reality in deeds and words. But deeds come first, only after security has been gained through them can words be added—later perhaps words alone will suffice.

The effectiveness of such measures depends, in my opinion, on the age of the child. My own impression is that children under five can still be reached through therapeutic efforts of this kind. However, I am skeptical about their effectiveness with older children. I know that in this matter I am in disagreement with many therapists—I hope I am wrong.

In children who are unable to form relationships, behavior disorders occur side by side with inability to function in other areas as they appear in young children. Although it would seem from a theoretical point of view that first things should come first and, therefore, a meaningful relationship should be established first, it is not so in practice. Emotional contact eventually leading to object relationship can sometimes be established through setting controls for uncontrolled behavior, other times by undoing inhibitions. Clarification in order to correct false impressions can be used, interpretation of symbols may be effective if they are made in terms of actual experiences. Children of this sort offer a chaotic picture in their development; therefore, therapy may appear chaotic too. In attempting to reach the child wherever he is—and that may mean at a great many different places at once—the therapist cannot proceed systematically but has to adjust constantly to the ever-changing situation.

### CONCLUSIONS

I shall attempt to correlate the techniques described above with the stages of development as we know them. I hope that such correlation will show why certain difficulties of the child require certain techniques in order to achieve the aim of therapy, namely, restoration of function and initiation of the capacity for growth and maturation. (Sylvester, 1915a)

The infant is born helpless and entirely dependent on his environment. If he does not receive any care at all he dies; if his needs are met only inadequately, he becomes sick. During the first three to four months the infant reacts to any disturbance with physiological reactions such as



colic, vomiting, skin rashes or eczema (Spitz 1951). Perhaps crying too should be regarded to some extent as a physiological reaction.

When the infant is left hungry and crying for any length of time food intake is easily disturbed. He may either be exhausted from crying and not take enough food, or he may nurse too avidly and vomit. Apparently the feeling of hunger is painful for the infant. Yet this feeling is a normal one. Infants react strongly to stimuli of everyday life: some infants are more easily disturbed than others by noise, light, changes of temperature, etc. They react to different people handling them even during the first six to eight weeks before they are able to recognize them. If such normal stimuli are upsetting to the infant, abnormal ones are disturbing to a higher degree: he reacts violently to illness or any kind of hurt. A young infant who has a slight cold is a very sick baby, partly because whatever illness he has becomes more complicated in that it upsets his whole system. He cries, he feeds little, vomits, and has cramps; sometimes he may have convulsions or hold his breath. Since he cannot tell what bothers him, the environment is slow in relieving the painful disturbance. The mother who knows the infant well can guess what is wrong with him sooner than people less well acquainted with his habits and reactions. Whether the disturbance comes from feelings inside or from the outside, the infant reacts with his body and with physiological responses. Relief is offered in physical care. The baby is fed with patience as much or as little as the doctor prescribes; he is bathed, wrapped in soothing bandages, helped to eliminate gas, given medication, etc.

Children who have been sick a great deal during their first months, whether from organic causes or neglect, are apt to retain an inclination toward physical illness when they are emotionally upset. Children who have been changed from parents to one or more foster homes frequently suffer from persistent colds, running noses, ear aches, sore throats, or upset stomachs. They are not necessarily severely sick, but they are hardly ever well. When they receive adequate care for a period of several years by the same person and remain in the same foster home, they may get well. They have learned by experience that people will take care of them when they get sick; therefore they use illness for self-protection. When care is given without illness, illness becomes superfluous.

Individuals who as babies have been taken care of during frequent or severe physiological upsets by a mothering person may retain an inclination toward psychosomatic disturbances if they have learned to force the mother to give them care and affection when they were sick while they could not get these particular satisfactions; otherwise their relations toward people may to a large extent be built on this basis. It

may later on also become the fixation point for hysterical symptomatology Freud (1923) says in *The Ego and the Id* "Psychophysiology has fully discussed the manner in which the body attains its special position among other objects in the world of perception Pain seems also to play a part in the process, and the way in which we gain new knowledge of our organs during painful illnesses is perhaps a prototype of the way by which in general we arrive at the idea of our own body" (p. 31) Knowledge of the body which is imposed upon the child in a painful and traumatic way leads to fixation, which, like other fixations, has a tendency toward repetition—in this case, repetition of illness.

Good nursing care and medical attention will suffice during the first few months to bring the infant back to health again. Prolonged hospitalization that lasts more than three months brings about other disturbances, which Spitz (1945, 1946a) has called hospitalism. Children who suffer from hospitalism are usually not very healthy and strong, despite the excellent physical care which they may receive. They are delicate and become sick easily. Moreover, if a number of people take care of an infant it becomes difficult for him to distinguish one from the other. He does not learn to recognize one person and therefore does not become attached to anyone. Infants growing up in a home environment learn to differentiate between a familiar person and strangers; they become attached to one person and learn to respond to this person—usually the mother. When the familiar person is absent, the infant misses her and reacts with crying, refusal to eat or sleep, or with digestive disturbances. Such development of personal attachment, although at times disturbing, is a sign of progress. If the mother or mother substitute is absent for longer periods of time during the second half of the first year, severe depressions can occur (Spitz, 1946b).

Hoffer's (1950) studies show how the infant learns to know his own body. Spitz shows how the infant ventures into contact with his environment through the medium of the person who takes care of him. These two processes, attachment to a person and recognition of his own body, can be regarded as the beginning of ego development. When it is entirely lacking, we are faced with the picture of catatonic-like behavior and apathy, as described and shown in moving pictures by Spitz, or of marasmus, as described by Ribble (1943). Scratching, violent sucking of fingers to the point of deformity, and hair pulling, are disturbances which respond favorably to intensified personal contact. This suggests that these symptoms are manifestations of the need for human contact.

Just as there are all gradations between good baby care and complete physical neglect leading to death, there are all degrees between 'lacking'

human relationship and satisfactory 'mothering'. A mother who is severely emotionally disturbed is unable to give her baby the kind of 'mothering' he needs. Such children are not as disturbed as the ones described by Spitz, who are retarded in all their functions, they may be prominently disturbed in some functions, less in others. They suck or masturbate continuously, sit quietly for hours, or move about continuously, frequently they either do not talk or talk with a queer voice, repeating words without sense. They hardly respond to their names or to any directions or demands. These children too have a propensity for illness.

Such disturbances originating in early infancy, according to a number of authors, possibly respond to physical care plus 'mothering' by one person. Bathing, feeding, dressing and undressing, toileting, etc., are main avenues for reaching such children and for pulling them into contact. A therapy given on an hourly basis is of no avail, a twenty-four hour job has to be done, therefore, the person who lives with the child is the one to treat the child.

Therapy of such children, that is, *children retarded in early ego development through lack of relationship*, seems to be limited by two factors: (1) by the severity of the disturbance which is related to the amount and duration of the original damage done [Spitz (1945, 1946a) believes that damage from hospitalism can be corrected only if it did not last too long, if the damage has resulted from living in such isolation for the first three years it seems to him to be irreversible], (2) by the age when therapy is begun, that is, according to my experience, if therapy started before the sixth year.

These children are frequently called schizophrenic, autistic, psychotic. I wonder whether the terms 'psychotic' or 'schizophrenic' for these early diagnoses are justified. Such children have as a common factor their lack of relationship, eventually they may become psychotic or schizophrenic later on. Yet it seems important to distinguish them from later forms of psychosis that are characterized by loss of ego functions and ego defenses, which these children have not yet achieved, and perhaps never will achieve. For these reasons I think that calling these children psychotic or schizophrenic confuses the issue (Katan 1950), possibly the term 'prepsychotic' would describe them more adequately.

During the second half of the first year the healthy baby becomes more and more active. He gradually learns to use his body until he finally learns to control it. Every kind of activity is necessary to develop his muscles and his muscular control (Buxbaum 1949, 1947). We can distinguish three different stages in the development of the child's activities

first, the experimental stage in which he discovers a new activity and tries it out, second, that of practicing, during which the child learns through innumerable repetitions, and third, the stage when the activity is at his disposal and he can call upon it when he needs it

During the process of learning, until the child has achieved control over his vital activities and his body, his relationship to people is of greatest importance. The younger the child, the more tolerant are the parents. The older he becomes, the more is he subjected to demands and restrictions which will influence his relationship to people as well as to his own activities. Inadvertent destruction, which is interpreted and reacted to as deliberate aggression, may turn the particular activity into an aggressive one to the point where it loses its original meaning and from then on is stigmatized as aggressive action only. The relationship to the person who takes care of him will influence the child's ability to express and control aggression and also his development of activities. It is of great importance at what stage in the development of a certain activity the interference from outside sets in.

It seems that activity in the experimental stage can be suppressed to such a degree that it is difficult to revive it. Interference in the practicing stage seems to bring out strong aggressive feelings. Children who are extremely aggressive and hyperactive are frequently children who have been severely physically restricted in this period, sometimes illness which confines their movements may have the same effect.

It is rather strenuous to take care of the child during this time, he needs to be protected from hurting himself and others, he also has to be prevented from destroying things valued by the adults. Yet he needs to be allowed to use all his muscles in order to be able to learn control of his movements and to master the activities he sets out to try. The person who takes care of the child must interfere with his activity in some way all the time, he prevents, encourages, helps, punishes, praises, detracts and deflects the child's interests from undesirable to desirable activities, promotes and restrains in any number of ways.

In this period education also interferes in other areas. Cleanliness education is usually started around this time. Sooner or later education interferes with all needs and impulses of the child. Very early in life the child learns to eat different things at certain times. Eventually modes of eating are introduced. Sleeping becomes regulated, sleeping habits become established. The child is taught to postpone fulfillment of desires, whether he wants to have food or wants to urinate, wants to run, having mother do something for him, or wants to hit another person.

Similar to interference with activities, interference with functions and

impulses may bring about disturbance of functions and impulses. The child may react by giving up a function or by increasing the forbidden function. Children who are forbidden to touch dirt or to masturbate may become generally inhibited in using their hands, for example, they may not be able to hold things, or they may continue to masturbate excessively, play with feces and other forbidden objects. Children who were punished for soiling may become constipated or insist upon defecating only into their diapers or on the floor. Food may become an issue between mother and child. Forbidden aggression may result in the child's complete helplessness toward other children or in fierce and continual fighting. If speech is disturbed during the early learning period, stuttering may result. Conflicts with the interfering person are unavoidable, although they may be of different degrees. Disturbances of functions and impulses in this period are necessarily connected with disturbances of relationship with the interfering person, that is, the educator.

When a child is disturbed in his functions as a result of educational interference, whether he reacts with hyperfunctioning or hypofunctioning, therapy needs to be directed toward reinstatement of normal functions. If educational efforts were at fault, educational efforts must be dropped and the child must be allowed to regress to an uneducated state. If our conclusion is correct, the normal function will be resumed at such a point. When it is sufficiently secure again, re-education may set in. The educator must be part of this program, because the child becomes confused if educator and therapist disagree. The mother must uphold the therapist, repeat what he does and says, or perhaps execute the therapy herself. The therapist cannot work with the child against the mother.

Children who through education are disturbed in their functions are always unbalanced in regard to their aggressions. They may be overly aggressive or inhibited. Their therapy will necessarily also affect their aggressions. Aggressive feelings are aroused when activity is inhibited, release of aggression may have as a byproduct an ability to function. Increased ability to function, although connected with aggression, may then result in the diminishing of aggression to a normal degree.

If the disturbances are quite severe—as in long-lasting inability to eat, sleep, defecate—and the mother is unable to co-operate, the child may have to be removed from her in order to allow for more favorable conditions for therapy.

The dangers in producing disturbances of functions through too much or too early educational demands must be weighed against the dangers of too little and too late educational demands—the eternal Scylla and Charybdis of education.

Teaching the child to control his aggressions and his impulses enables him to master them instead of being dominated by them. The child who is permitted to soil and wet around three or four years usually is cranky and unhappy. He is unable to tolerate any frustration or postpone his desires; he cannot wait, because he becomes anxious and is unable to tolerate even a small amount of anxiety. His uncontrolled aggressions bring him into trouble with other people and make him afraid of people, because he expects that they will be as aggressive as he himself feels and acts. The child's inability to function and to control his functions is due to a failure of the educators rather than to a failure of the child, provided the child is physically healthy. Guidance of parents and sometimes treatment of parents may help to educate the child. Lack of education which results in 'primary behavior disorder' before the oedipal period cannot be treated only therapeutically but must also be treated educationally. With the help of a loved person, the child must learn to accept restrictions and to meet demands; to postpone impulses, to tolerate tension and to put forth effort. One part of a child's learning is directed toward achieving control over his own body, another part, toward achieving mastery of the world around him. To be able to open a box and to close it, to open doors; to dress and undress, to wash himself; his dolls and the kitchen floor—all these are activities which the child has seen and experienced and which he wishes to perform like the person he observed. Imitation is another most important avenue of learning. It is most successfully achieved as a result of friendly relationship; learning is best done in the conflict-free sphere (Hartmann, 1939). Imitation is, however, in many instances closely related to mastery, as in actively repeating passive experiences: whether they are pleasant or unpleasant, e.g., being fed is turned into feeding somebody else; but also being spanked is turned into spanking somebody else. Traumatic experiences bring forth compulsive repetition in an attempt to master them. This is not promoting learning but disturbing it, by fixating interest so that further development is blocked. Young children are often more easily frightened than older children because they are unable to act in an unpleasant situation and feel helpless; sometimes they are not afraid because they do not comprehend the danger. They are more likely to misunderstand what they see or hear. In order to remove an impediment caused by trauma, direct therapy with the child is necessary. Understanding what the child is compulsively repeating either in everyday activities and behavior, or in dramatic play, will be the basis upon which clarification and reassurance can be given.

This technique is, however, not specific for any age group. Its use is

indicated whenever traumatic experiences are the cause for disturbance. What varies is the way in which the patient communicates his experiences to the therapist, children usually communicate more through play than through language.

The child starts imitating very early in his life—e.g., in the “smiling response” (Spitz and Wolf, 1946)—and continues to do so throughout his life to some degree. Imitating gestures, facial expressions, tone of voice, make him the spit and image of the imitated person. He acts and behaves like that person and it looks as if he were developing a character like that person. However, after a while the child may drop these obvious characteristics and take on others. Sometimes one can recognize from where they are taken, sometimes they cannot so readily be traced to their origin. But it is well known how easily children take on habits from other children, pets or adults. Their imitations do not last, they do not become part of their personality but can change with their environment. Only when approval or disapproval consistently emphasizes the new achievement can it become a permanent feature, a part of the ego.

As long as functioning, activities, and behavior are predominantly controlled from the outside, i.e., by parents or parent substitutes, changes are dependent on them. Their approval, disapproval, and example, have direct bearing upon the child, their co-operation is indispensable in the therapy with young children.

The oedipal phase is based upon the child's previous development. The infant who is disturbed is also disturbed in his masturbatory activities—he may not masturbate at all or do so excessively. Parents may interfere with this activity as they do with all others and consequently may disturb the young child's relation to his body in the particular area of his genitals. Cleanliness education, particularly with all its taboos, is carried over by parents and therefore also by the child, into the genital area. Fears of body injuries become concentrated upon the genitals and contain in condensed form various previous experiences. As in all other functions and activities, the relationship with parents or parent substitutes is of prime importance in the development of genital feelings and activities, which reach their climax in oedipal fantasies.

With the oedipal phase and the development of the superego, what was previously imitated will now become internalized, i.e., it will become a permanent constituent—what we call identifications. Defenses are being built against the dangers threatening from within. Anna Freud (1936) distinguishes three dangers against which the child has to defend himself. Each of them can be the cause for disturbance. They are dangers

threatening from the outside world, from the superego, and from the strength of the instincts.

The more independently of environment the child functions, acts and behaves, the more his treatment resembles that of an adult, in which the therapist is chiefly concerned with conflicts from within. The less threatening the parents are in reality, the less the therapist needs to work with them directly; their help becomes of secondary importance in the treatment of the child's neurosis.

The dividing line in therapy is the oedipal phase, regardless of age. With children who did not reach the oedipal phase, techniques used with younger children must be employed with modifications. In attempting to present different phases of development one always is reminded that development is fluctuating, that there are no sharp delineations. Old forms continue into and mix with new ones. Development does not proceed to the same extent in all areas. When a child is disturbed in one area, he may still progress in others. The disturbances in one area, however, can block progress in other areas as well. If this is the case, it is to be considered pathological or at least pathogenic (A. Freud, 1947). When there is no progress, it is rarely true that there is just a standstill. In most cases there is not only a partial regression to previous levels of satisfaction but also a loss of already attained functions.

The strategy of therapy consists of first finding the weak spot and then giving help where help is most needed. By and large there are four main areas of disturbance in development: (1) in physiological reactions, (2) in object relationships, (3) in functioning (body control and activities), (4) in (too strong or too weak) ego defenses. The principal variations in technique of therapy are contingent upon the presence or absence of one or the other of these factors.

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# OBSERVATIONS ON THE TREATMENT OF EMOTIONALLY DISTURBED CHILDREN IN A THERAPEUTIC CENTER<sup>1</sup>

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This paper is based on the writer's experience with therapeutic education in the Nursery of Council Child Development Center, an agency set up for the treatment of disturbed preschool children and their families.<sup>2</sup> These children are brought for treatment by their parents for a variety of problems such as excessive anxiety, fears, impulsivity, aggression or shyness with adults and/or children, difficulties in eating, sleeping, and toilet training. Diagnostically, the children could be described as suffering more from disturbance in developmental balance than from neurotic conflict, though an unsatisfying mother-child relationship, in a primary or secondary sense, is typical for both groups.

The chronic shortage of trained psychotherapists for children in prelatency provided the impetus for assaying the therapeutic potentialities of a regular nursery program. The normal dependency of the prelatency child on the mother, pathologically exaggerated or distorted in our children, was utilized for therapeutic re-education. Once their dependent needs were transferred to the teacher, a *corrective identification* with her was used as the starting point and foundation for healthier *relationships with other adults, with children*, singly and in groups, and for *sublimation*. In all these areas the children showed marked pathology. The therapeutic-educational techniques employed—*guided regression, persistent stimulation, dosing and structuring of new experiences*—were already discussed in a previous publication in their application to the therapeutic education of a child with severe ego disturbance (Alpert

<sup>1</sup> Presented in part at the Annual Meeting of the American Orthopsychiatric Association, New York, 1954.

<sup>2</sup> The Center services consist of a Nursery School for thirty children of two and a half to five and a half years of age, divided into three nurseries of ten children each; a clinical department for the psychotherapy of individual children and parents; an outpatient department for intake, diagnostic study, short-term treatment and referral.

and Brown, 1953) In this paper, they will be described in their application to other types of disturbed children

*Mother Child Relationship* Separation Anxiety is one of the commonest manifestations of the disturbed mother child relationship The handling of the separation of mother and child a perennial ordeal in all nurseries is a basic part of the curriculum in the Council Child Development Center Nursery The therapeutic re education of the child is approached through the teacher child relationship and starts with the transfer of the child's dependent needs from the mother to the teacher The time it takes for a child to achieve an untraumatic separation from his mother depends on his age, on the quality of relationship between mother and child on his ordinal position in the family, on his previous experience with nurseries either through a sibling or himself, on his previous experience with separation, and, of course, on the pathology of mother and child Varied as the problem is in the clinical sense, educational treatment can be broken down to a series of steps

1 Preparatory period in the Outpatient Nursery for about four to twelve sessions for four to six children and their mothers Here the mothers learn by conscious and unconscious identification with the teachers through observation and informational talks with the teachers Here too, the teachers observe the interplay between mother and child

2 Visit of mother and child, just before the school term begins, with the child's teacher, in the nursery room to which he has been assigned This applies to returning children as well

3 Attendance of all mothers at the beginning of the school year for as long as it takes the child to accept the teacher as a substitute for mother, which varies from six days to six weeks During this period the education of the mother goes on as before Mothers of returning children come too, but for these a few days generally suffice to make the transition

4 Gradual withdrawal of the mother in the room out of the room out of the building with full knowledge of the child

5 Plenty of oral gratification after the mother's withdrawal things to suck and nibble on—a sort of snack and nibble bar

6 Plenty of physical gratification by the teacher that is, care and fondling, to the degree to which the child can accept it

This step wise and schematic picture is not meant as an oversimplification of the problem nor as an underestimation of the importance of recognizing and treating the separation anxiety of the mother There have been a few cases in which separation took months to achieve due, at times, to too much identification of the teachers with the anxiety

of the mother, failing to recognize the transformation of true anxiety into a libiditized clinging. (Extreme cases of mother child symbiosis are in a class by themselves.) The psychological moment, to use an unfashionable term, for the teacher to step in and take over, is when the child accepts her help and becomes interested in the surroundings of the Nursery. This is the time for the mother to step out, if only for brief periods, for to stay is to intensify the child's ambivalent feelings between mother and teacher. The child who separates too easily, by "diving in," may show delayed separation anxiety. It is better, therefore, to persuade mother and child to remain together, until separation is accomplished more knowingly. When relapses of separation anxiety occur at times of stress, we generally recommend that the mother come back with the child to work out the problem in the Nursery again.

Once separation from the mother is accomplished, the transferred dependency of the children on the teacher is used as the basis of a *corrective identification* with which to help them retrace backwards and forwards the steps on the path of life experience over which they may have stumbled and faltered before. Their regressive needs are recognized, gratified, and used as starting points for new experiences and new achievements. Every nursery has a doll corner in which children play their family games as they have done from time immemorial. In the Center Nursery, the teachers use the content for therapeutic education as indicated.

The case of Walter illustrates the use of *guided regression* as a therapeutic educational technique. Walter, a very bright, passive child, with superior reasoning power, came to the Nursery at the age of three years, three months, still drinking four bottles daily, sucking his finger compulsively, hanging on to a disreputable baby blanket, and staring off into space, withdrawn and partially out of contact, when engrossed in his autoerotic activities. He was not yet toilet trained. The parents also complained of aggression toward his baby sister, born when he was two years, an event which seems to have interfered with his incentive to growing up. In the three months following this unwelcome event, he managed to knock out two front teeth on two separate occasions, thus adding injury to insult. This trauma is interesting in the light of his feeding history. He was a "self-demand" baby and described as a "voracious eater." But this oral gratification was coupled with an early incompaibility between mother and child. Already at four months, the child refused to be held when fed and later complained that mother held him too tight. Whenever Walter played in the doll corner, he was the baby—an unhappy, passive baby. He received only indifferent mothering from the other children, but the teacher supplemented generously. She tended to his needs and verbalized his longing to be cared for like his baby sister, like he used to be, detail by detail, gradually substituting teacher borrowed

memory and verbalization for acting out. This regressive play was the starting point for recapitulating the stages of growth and led toward Walter's participation in the curriculum of his group. His own spontaneous progressive fantasies as being an engineer, needed just as much guidance as the regressive ones for they tended to be too omnipotent and too frustrating. This combination of guided regression and guided progression, during the first three months made it possible for Walter to make remarkable strides forward. He achieved separation from his mother, even to traveling on the school bus with a strange mother. He gave up three bottles holding on only to one at night. He became reliably toilet trained and began to show far less aggression toward his sister. His progress continued throughout the year, with more improvement in his active, constructive play with other children than in his relations with adults.

In the use of *guided regression*, it is natural to be concerned with the danger of infantilizing the child and contagion in the group. In our experience neither danger has materialized partly because of the objectivity of the teachers. Generally the child would limit his regressive play himself, both for the day and for the year. The children who 'caught' the regressive play, would crawl around like babies for a short while and then would spontaneously 'grow up' and rush off to more attractive tasks, like cooking or setting the table. The affect of children who regress on an imitative basis solely, is quite different from what it is for children like Walter. He shows affect hunger and suffering, the others pleasure. Our concern has been with children whose rigid defenses do not permit them to regress at all, even in a permissive environment such as a therapeutic nursery. Penny, to be discussed under the heading of *sublimation*, belongs to this group. *Guided regression* as a therapeutic educational technique, is being further studied by us to determine more objectively indications and counterindications for its use.<sup>3</sup>

*Child-Child Relationships.* Most of our children have difficulty in relating to other children. Some of them behave as though frightened by the stranger, the not I, the unexpected. Others are so engrossed in thumb sucking, with whatever accompanying fantasies, that they seem to have no need nor empathy for others. Still others, again like Penny, can tolerate long stretches of isolation 'behind' their obsessional activities. On the other hand, there are those, who like Vera, have a veritable hunger for relationships, but behave as though they can get it only by calamitous means.

Vera came to us at the age of three and a half because of extreme jealousy and aggression toward her younger sister. She was a large clumsy child with a disheveled self-conscious unfocused look about her. She was the elder of two

<sup>3</sup> Compare with the technique used by Margolin (1951)

girls, by eighteen months, conceived by artificial insemination (with the father's sperm), whereas the younger child was conceived normally. The mother depreciated Vera and preferred her sister. Vera's clumsiness could be ascribed to rather heavy, corrective shoes she wore since birth because of club foot, but Vera exaggerated her clumsiness and used it for secondary gain. She would fall and go limp on the floor to demonstrate her helplessness. She would get hurt or seek out diminutive scratches to get sympathy and medication. She would attach herself to any of the nonteaching staff and ask for 'appointments,' the symbol in the Nursery of extra attention. She would go through a repertory of silly actions to attract the attention of other children, anything from knocking down their structures to spitting little pools all around her. However distorted this behavior was, it was at least socially oriented and showed a craving for social contact. This was used as the basis of treatment in the Nursery. It started with the building up of a warm, dependent and dependable relationship with the teacher and aimed at the revision of her self image from 'I am helpless, I am clumsy, I am hurt, I am messy—therefore, I cannot be loved, but I can be laughed at—to an image of I am loved, I am helped, I can make things to show, I can play with the children, we can have fun and laugh together. In contrast to the stultified affection and criticisms which Vera received from her mother and the anxious love of a hypochondriacal father, the teacher gave Vera spontaneous unsolicited affection on 'good' and 'bad' days alike. She consoled her when she was hurt, real or pretend, using Vera's well-developed sense of humor to differentiate between the two. She helped Vera satisfy her exhibitionistic wish in a normal way, by showing her paintings and crafts and by appearing in group dramatics and puppet shows. Sometimes she would complain at the end of the day that she had not really been silly, but in time she began to prefer approval to ridicule. She learned to express in direct ways her need for acceptance and to adapt to the needs of others. For example, she would exact a promise from Ann to play with her, when Ann was finished swinging. Then Vera could play quietly by herself and wait. She was heard to say to Billy, whom she had invited to play in her circus game, but who had expressed a lordly contempt for same, "You can even be the circus man and play with the ropes just stay near!" Vera is now an attractive, competent five year-old, who enjoys her life in the Nursery. She still needs repeated reassurance from her teachers, especially at times of stress in the home when her self-esteem suffers. She has been trying to win her mother over by being a "good girl" to which the mother has reacted with guilt and affection, and with less criticism and aloofness. For external reasons Vera is leaving the Center Nursery a year sooner than planned. Her relations with grownups and with children are much improved but far from stable enough yet, to make predictions about her fate in a new environment. In the meantime the Center services are paving the way, by preparing her for the change and by helping the parents to make contacts in the new community.

*Child Group Relations.* The absence of "groupiness" in our Nursery strikes any outside or inside observer. The teachers have found

it consistently difficult—well nigh impossible—to hold a group together for planning, for organized games, musical activities, etc—all of them regular events in "normal" Nurseries. We ascribed it to lower tension tolerance, greater impulsivity and distractibility, all inherent in the pathology of our children. It was, therefore, with guarded pleasure that the writer watched a group experience evolve in the Middle Nursery (three and a half to four and a half), which showed that under certain conditions our children could stay together for as long as a half hour with a minimum of tension and a maximum of pleasure. Not only has this experience had the sought for cohesive effect on the group, but its further possibilities for therapeutic education warrant a preliminary report.

One of the teachers in the group, a newcomer, brought her autoharp. The children's first reaction was anxious withdrawal. One by one the children overcame their anxiety and enjoyed plucking the strings. But attempts to organize the children for singing, hopping, skipping resulted in the usual chaos or passive resistance and wandering off. Through trial, error, and deliberation, the teachers found optimum conditions for group participation. The event had to be scheduled every day, at the same time, in the same delimited space. Only the content varied, but not too much. It is a kind of musical 'here and now,' in which the teacher tells of the things "Tommy," a prototype, does and sees and where he goes, accompanying each item, like washing eating, going to the zoo, with appropriate gestures and sounds on the autoharp, while the children carry out the pantomime. The most avid thumb suckers interrupted to perform when both hands were needed. The most withdrawn children stayed in the circle and alternated between autistic fugues and participation. The children were at first totally concentrated on the teacher, but in time began to imitate each other, too. This started out as a kind of group adaptation of the patty cake learning of infancy, based on a narcissistic identification with the teacher, who exploited this identification to stimulate increasing responsiveness which in turn stimulated closer intragroup identification and communication.

As if in answer to the writer's inquiry, at a Nursery conference, on the usability of this musical 'here and now' for the recapitulation of more charged personal experience, the children began to prompt the teacher with new vicissitudes for "Tommy," like medicine-taking, mommy goes to the hospital for the birth of a sibling etc. These 'caught on' immediately and were acted out with strong affect. The narcissistically gratifying content, in the name of an ego prototype, rhythmically expressed in a group, seems to provide excellent conditions for group

catharsis, which helped to mold group identification.<sup>4</sup> There is, indeed, much less passive withdrawal and individual preoccupation than could have otherwise been expected in this particular group, at this stage of nursery experience. This experience has given deeper meaning to such shopworn words as structuring, dosing, setting limits. To help children with disturbances in developmental balance to tolerate a group, in itself a highly unstructured gestalt and therefore threatening, it is important to *outline*, *underline* and *hold in line* the boundaries. What we do not yet know is how much of this valuable experience can be detached from the personality of the teacher and still remain a definite, reproducible technique in therapeutic education.

*Sublimation* The libidinal sluggishness and weak ego organization so characteristic of our children, is seen clearly in their difficulty with sublimation. A to-and-fro movement of libido over oral, anal and phallic zones is normal for prelatency years (A. Freud, 1915). Among our four to six year olds, there are few signs of phallic development. Oral and anal fixations predominate, with rigid but not stable reaction formations as the principle defense mechanism. Their ability to sublimate is retarded also by weak identification and imitation, by poor perception of reality, therefore by lack of clarity and stability of the objective image, by difficulty in maintaining the balance between fantasy and reality, in which the pressure of the fantasy both overshadows the objective image and interferes with execution.

Translated into practical findings, the paintings of our children when first examined were strikingly different from those in "normal" nurseries and the difference increased with age. There were no clear designs, no representational forms at any age, only dark smears, smudges, and color masses, differing in the number of layers of superimposed paint and in the occasional streaks of color which were permitted to show. Left to themselves the children made these murky paintings year after year, during their stay in the Nursery. The average nursery school child passes spontaneously from an exploratory smearing phase toward line and form. When he has made his first recognizable object, no matter how accidentally, he is delighted and usually continues to make bigger and better ones, with intermittent regression to smearing and splashing. With our children it is the reverse. They occasionally produce line and form, which is usually painted over, but splashing and smearing are more typical. A close observation of our children at the easel showed that they remained much longer at each of the steps of easel painting: exploratory mixing of colors, hitting, splashing, and smearing.

<sup>4</sup> Compare with the group approach reported on by the writer (1941).



with the brush and hands, house-painting strokes, painting beyond the boundary of the paper. When a form emerged, they were more easily distracted by the accidental drip into more smearing. With or without drip a design or any clear form stood very little chance of survival, unless retrieved by a vigilant teacher. A longstanding and respected tradition of 'hands off' in the creative branch of the curriculum stood in the way of teacher intervention. The fact that sublimation is normally a spontaneous process also gave us pause. But we were challenged to see whether the balance between instinctual fixations and rigid defenses could be influenced by educational means in favor of substitute gratification. After a series of discussions, the following changes in the presentation of materials and teacher participation were agreed upon:<sup>8</sup>

1. Stricter separation of plastic materials serving primary and regressive needs from those for progressive needs for children under four, soap suds, colored dough, finger paints, crayons (sand, outdoors), but no easel painting (indicated also on the basis of insufficient motor control). For children over four, easel paints for painting, crayons for drawing, clay for modeling, dough for baking, sand box for outdoor play, each in its time and place. (This separation actually goes somewhat further than had been tried, but is based on the recognition of our children's greater need for structuring and dosing of materials and experiences.)

2. Increased intervention of the teacher in the form of more help with the medium, to reduce frustration and destructive overstimulation, encouraging the child's constructive efforts by a timely approval of a production, that is, before it is painted over, by increase of positive suggestion and goal-directed painting, by encouraging and initiating group projects, as murals, etc.

3. Keeping paintings in individual folders instead of on the wall to avoid reinforcement of the distorted image and color mass. (Wall hangings came back again after paintings cleared up and served as a progressive stimulus.)

The change was unmistakable. The older children began to produce cleaner, clearer, more structured paintings with exclamations of pleasure as, "This is my first real painting! 'Isn't this beautiful!'" Appreciation was also expressed of "real paintings" by other children and these were chosen for imitation and emulation.

We should like to repeat this procedure with another set of children to check our observations and hypotheses. On the practical side, it is as

<sup>8</sup> These took place in conferences of the Nursery staff with the help of Marie Paneth. The theoretical formulations are, however, the writers', based on her observations.

though the children were 'unstuck,' after futile attempts to free them selves from their fixations. They took advantage of the educational push and enjoyed the increased range of achievement. The question is whether children with the psychic make up already described can take the steps from smearing to structured productions spontaneously. Can they do it without risking either increasing sexualization of plastic play<sup>5</sup> or refuge in rigid, perfectionistic busy work, so strongly endorsed by our public schools? Or the common fate of public school children, the avoidance of all art materials and activities? Any speculation about the effect of this change in approach on the balance between instinctual gratification and the defensive work of the ego, that is on the dynamic process leading to sublimation, must take into consideration all the other aspects of the therapeutic educational program, as well as the plasticity (even for our children) of the prelatency psychic organization.

The case of Penny demonstrates a moment in the dramatic struggle between instinctual gratification and sublimation like defensive activity. She came to us at the age of four and a half years, very bright, very competent and very threatening to her hypochondriacal mother who treated her like an overvalued and envied rival. Penny's manner with children was critical and surly; from the teachers she wanted instant attention and constant praise. She lacked the capacity for enjoyment and talked of the Nursery as a place where children *had* to play. She preferred to work. She made paintings and cut-outs of abstract design in endless repetitive succession for long stretches of the day. Occasionally she could with difficulty be persuaded to contribute a cut-out to a group collage or make a design for a specific occasion as Valentine's Day, but she was never satisfied with such results and could not tolerate the low level of her performance. When she undertook to cut out a Valentine for her mother, the heart was in dire danger of being whittled away as she kept snipping at the rough edges. The teacher barely rescued the heart into an envelope which Penny took with her to rest. Unfortunately she took the scissors with her too and 'accidentally' cut into the envelope but covered up her disappointment by quickly asserting that she had really *only* wanted the heart. But, alas! she discovered that the heart had also been cut into. Next came more whittling in an attempt at restitution from which the heart dwindled into a diamond which she declared to be *exactly* what she had wanted in the first place! This heartbreaking account shows how close Penny's obsessional activity is to destructiveness and perfectionism and how 'anti-sublimation' it really is. Penny's abstract designs satisfied both her destructive and perfectionistic drives in relation to her mother and herself. Entrenched behind her cutting she was able to tolerate isolation and aggressive rejection by the group. For many months Penny resisted teacher interference with her cutting 'mania.' She would become sullen and anxious as any

<sup>5</sup> See Alpert (1949)

obsessive deprived of his obsessional defense. But the fun of the Nursery and the warmth of the teachers won her over after all. She began to play because she *wanted* to, not because she *had* to. Since Penny is still an obsessional child, hand washing has taken the place of cutting, allowing her more freedom with plastic materials and at the same time placing her conflict more frankly in the anal phase. The threat of the unfamiliar Nursery world away from her mother, whom Penny dominated sadistically, brought on an increase in anxiety (both inner and outer) from which she defended herself with obsessional cutting. Because the destructive wish won out over the perfectionistic defense, this activity failed as a good sublimation but nevertheless served to tide Penny over an acute period.

*Conclusion.* In this paper the writer has tried to organize the practical work of a therapeutic Nursery under headings which represent some of the accepted goals of prelatency education: relationship with grownups and with children singly and in groups; mastery of the objective environment. Because children in a therapeutic Nursery have more difficulty in these functions, emphasis was placed on special techniques. These are not 'discoveries' but rather plastic adaptations and intensifications of educational practices for the particular needs of disturbed children. It is not unlikely that some children in normal nurseries could also benefit from therapeutically applied education.<sup>7</sup>

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<sup>7</sup> The educational staff of the Nursery who are responsible for the implementation of therapeutic education consists of Mrs. Greta Fried, Educational Director; Mrs. Nancy Horne and Mrs. Barbara Wallig, Youngest Group; Mrs. Mabel Friedman and Mrs. Huberta Wegbreit, Middle Group; Miss Barbara Bank and Mrs. Fra C. Wolfson, Oldest Group.

# OBSERVATIONS ON THE PSYCHOLOGY OF BORDERLINE AND PSYCHOTIC CHILDREN<sup>1</sup>

Report from a Current Psychotherapy Research Project  
at Southard School<sup>2</sup>

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He who ventures to accompany the borderline or psychotic child into the terrain of his inner world will find his journeys beset with many special hazards and bewildering phenomena. We refer not to the fluid landscape or to the archaic figures which emerge, coalesce and disappear, only to rise again in more monstrous display. For despite the dimness of the landscape, some maps have already been charted and reports of previous travelers are available for aid. However, even the most seasoned traveler will be puzzled by phenomena of arrival and departure in this world of fantasy. Once having communicated his readiness to embark upon these journeys in whatever guise the child requires, the traveler cannot help but wonder at the exact moment and at the startling abruptness with which the voyages commence and terminate. Nor can he help but speculate that a knowledgeable grasp of the time table might provide him not only with more adequate preparation for the journey, but with the means for affecting the course and destination of his young guide as well.

Children whose adjustment is marginally located in their use of both neurotic and psychotic mechanisms are a clinical group described variously as borderline, schizophreniclike, or severely neurotic. They and psychotic children are subject to marked and frequent fluctuation in ego states, visible in the treatment process. This striking phenomenon

<sup>1</sup> Presented at the Annual Meeting of the American Orthopsychiatric Association New York 1954.

<sup>2</sup> This report is based on the work of a research seminar conducted by Dr. Rudolf Ekstein for the professional staff of Southard School. In addition to the authors of this report Seymour W. Friedman, M.D., Mrs. Dorothy Wright, Helen Sargent, Ph.D., and Manuel M. Escudero, M.D., have provided special time for this project. We are indebted to Dr. Friedman and to Mrs. Wright for permission to use their case material.

of continual alteration of psychotic and neurotic ego organization makes for a characteristic pattern of unpredictability which is paradoxically one of the most predictable aspects of psychotherapeutic effort with these children at the present time. And it is this observation made in the course of our psychotherapeutic work which provided the stimulus to the research project from which this preliminary report derives.

Time and again the child will begin the therapy hour with conversation or play wholly suited to his chronological age so that the clinical observer may reasonably be led to conjecture the presence of a relatively intact ego well able to use and to sustain the demands and vicissitudes of classical child therapy and analysis. Yet suddenly and without clearly perceptible stimulus a dramatic shift may occur the neurotic defenses crumble precipitously and the archaic mechanisms of the primary process and the psychotic defenses erupt into view. Then they recede just as rapidly and the neurotic defenses or perhaps more accurately the pseudo-neurotic defenses reappear.

To illustrate these rapidly fluctuating ego states we offer the following interview drawn from the psychotherapy of a ten year old psychotic girl which occurred a few weeks prior to an anticipated visit from her mother and stepfather.

Ann asked me for a cigarette and began to inhale. She showed me with some pride how well she could smoke now and I commented that she no longer choked and almost threw up when she inhaled. When I said the words "throw up" Ann jumped and looked a little frightened and then assured me that she did not become upset any more when I said things like that. I agreed perhaps she didn't but noticed that she had jumped this time. Ann said that it startled her but it was not upsetting like it used to be. I wondered how it used to be and Ann said it made her feel all squirrely inside with thrills running up and down her back.

She then began to ask many questions. How tame were squirrels? I said they were not very tame but were little wild animals. Did I like squirrels? Yes. Could squirrels be tamed if you got them as babies? Yes. I thought so. How tame would they be then? I said they would probably take nuts out of your hand. Ann waited a minute and then said soberly, "When will my folks be here, Dorothy?" She then proceeded with questions about squirrels. Do squirrels bite, Dorothy? Yes, they would if they were molested. If a squirrel is tame it wouldn't bite would it? No, I suppose not. "Dorothy, do you think I'm a little squirrel?"

Yes, you are Ann. I'll be a squirrel, Dorothy, and I'll come to you and you give me a nut. I agreed and so we played with her getting nuts from me and running back to put them in a pile. She asked many more questions about squirrels and I thought maybe the squirrels were asking questions too when they chattered so much. She asked then if squirrels got mad and I assured her they did and when they got mad they really chattered. Ann asked if that was like it

was when she got mad at her mother I said yes it was like that only she didn't used to be a little chattering squirrel. Instead of chattering when she got mad she left bowel movements on chairs and did other things to show her anger toward her mother. Now my little squirrel can chatter when she is angry.

Ann did more running around the room like a squirrel coming back every so often chattering all the time returning to her questions as to how tame a squirrel was and so on. She only came near enough to get the nut from me. I commented on how the little squirrel was afraid to get close to people. Ann asked how close a squirrel got. I stated just close enough to get the nut. A little squirrel cannot get close enough to cuddle up like a kitten or push against you like a puppy dog. Ann ran around a few minutes in silence and then suddenly stopped a few feet from me. Her face was serious and thoughtful and she was now entirely in contact. She said Dorothy what kind of a person is my mother? I said that I did not know for sure what kind of a person did she think her mother was? Ann said her mother was not like any other woman. I asked How is your mother different? Ann said Well my mother's love is stern not like Mrs. A's whose love is friendly and soft. I wish Mrs. A. were my mother. Ann then went on desperately. My mother isn't like the mothers of other kids who come here. They are friendly and they pat the dog and my mother never pats the dog unless I tell her to. She never does things with kids. My mother never smiles. Again Ann repeated My mother's love is so stern Dorothy. I told Ann I thought she was telling me something very important. She undoubtedly felt her mother's love was stern when all little girls want a warm loving friendly mother. But I stated some women just couldn't give that kind of love. Maybe her mother was one of those people. Ann said she thought her grandmother loved her more than her mother. I stated I was sure her grandmother was able to show her love in a warm friendly way while her mother was not. This did not necessarily mean her mother did not love her but it might mean she couldn't be soft and friendly. Maybe that was one of the reasons she had been so angry with her mother.

Ann jumped around a little bit and then went over to the mirror. She spit out a lot of saliva on the mirror and was again out of contact, wiggling and twisting and making grunting noises. She stopped and asked me to come over near her. She pressed her lips hard against the mirror and in the reflection I could see her tongue coming out and in against the glass. She said See Dorothy I'm a snail. I said Yes you're a cute little baby snail. She began sucking hard on the glass stopping in between to say See Dorothy the snail sucks its food. I said that sucking was wonderful for the little snail got fed that way. Poor little snail I hope it gets enough food. I hope the little snail doesn't have to suck and suck and not get enough food to keep her well. That would be terrible." Ann came over from the window and sat down in the small bed and said When is my family coming Dorothy?

One is led to elaborate Freud's (1930) vivid likening of the exploration of the psychic apparatus to the archaeological excavations of Rome

in order adequately to describe these fluctuations. It is as if the many civilizations which constitute Rome throughout her long and varied history, built each upon the ruins of the other, were to come into view simultaneously, each distinguished by a light of different coloration. And as the therapist pushes the buttons, i.e., responds to the patient, different colored lights flash into view, lighting up their particular historic epochs, the earliest and most primitive stage of Roman development following upon the most recent phase of Italian history, to be followed in turn by Rome at the time of the Crusades and so on, making for a wild display of colored lights and widely different architectural structures, all of which constitute Rome as she stands today. Similarly in these children, via the fluctuation in ego state occurring in the process of treatment, we are enabled to see in a bold relief which is not available in the more neurotic child, the multiple ego organizations which comprise their adjustment and behavior of today, and to gain thereby an invaluable vantage point from which intrapsychic organization can be observed in action.

Our efforts at systematic investigation of the psychology of this clinical group, extending over the past two years and continuing at the present time, have been anchored at the mutually interactive process between patient and therapist. Our observations derive from the matrix of ongoing clinical work, from detailed process notes, some electrical recordings of therapy hours, control sessions and group seminars. And many of our observations regarding the specific attributes and disabilities of these children have their corollaries in suggested modifications of psychotherapeutic technique. In effect, our emphasis has been not on what causes illness but upon what cures it, on the direction of the ego toward change and the way change can be effected and consolidated.

We have endeavored to phrase our questions and tentative answers therefore not as observers alone, but as active and responsible participants in the interplay of two personalities. And as such, we have needed to subject our own work to scrutiny along side of the responses and reactions of our patients. That this mode of procedure raises many methodological as well as interpersonal problems for different people engaged in a project together is self-evident. At the same time it presented a way to maintain data in their proper perspective and hopefully, yield productive clinical solutions together with whatever psychological discoveries might emerge.

We present today some of our tentative conclusions regarding the distinctive features of the ego organization of these borderline and psychotic children as these have emerged in the psychotherapeutic relationship together with the theoretical constructs which we have employed in the ordering of our data.

Perhaps we can convey the concept of ego state fluctuation as we have visualized it and some of our initial theoretical formulations by means of a crude model. We may sketch a series of concentric circles, the center point of which is designated as the place where the conflict appears in full consciousness. The respective lengths of the radii of the concentric circles extending outward represent ever increasing psychological distance which the conflict may travel from this center point of conscious awareness. We suggest that different defensive constellations attach to each of the circles or distances from consciousness. Thus, at the outermost circle, the conflict would achieve maximum distance from conscious awareness by virtue of the gross psychotic distortions and disguises imposed by the defense apparatus of the perimeter which would render it least recognizable by the conscious ego. Similarly, when appearing on the inner circles, the disguises imposed by the defense mechanisms would be either incomplete or less far reaching in character. The remoteness or proximity of the conflict from consciousness at any given time can be thought of as a function of the ego's capacity to tolerate and withstand the pain of recognition.

In the light of this model we may compare the intrapsychic fluctuation of the neurotic patient with that of the group under investigation. In the psychotherapy and analysis of the neurotic patient, problems frequently presented on the outer circles travel inward as therapy proceeds, until they advance close enough to consciousness to permit meaningful interpretation. In this process the patient makes use of his characteristic modes of defense. Extreme variability in the use of different defense mechanisms is uncommon, and we may conceive of neurotic conflict as traveling within a limited range of circles. We may also infer thereby the presence of a relatively stable ego organization, since the stronger the ego the less need to maintain psychological distance. Or in the language which Karl Menninger (1954) has suggested, the stronger the ego the less need to abandon first and second order regulatory devices in order to maintain homeostasis.

In our patients, the characteristically precipitous fluctuation in their use of different defense mechanisms can be conceived of schematically as broad leaps from inner to outermost circles and back again, occurring in the absence of gross perceptible stimuli. So wide are these leaps in fact, that the total defense picture alters radically and we speak of a marked and rapid change in ego state when the neurotic defenses which attach to the inner circles give way to the psychotic or psychotic-like defenses of the periphery. In this clinical group, then, the ego's capacity to bear the proximity of the conflictual material (as represented by the presence



of the neurotic ego state) or to require the most remote possible distance (as evidenced by the upsurge of the psychotic ego state) may vary frequently and abruptly in a single therapy hour

It is important to emphasize that the distinction between our patients and the neurotic patient cannot be drawn in terms of fluctuation in ego state per se. For sleeping and waking imaginative play fantasy certain creative efforts and recreational pursuits demand the ability to regress and return and to employ different states of ego organization. In fact the capacity to achieve a shift in ego state in accord with the situation and the individual's needs and wishes is an integral part of daily living. Furthermore, deep regressions are discernible in persons well within the neurotic range in the face of extraordinary circumstances as in reaction to anesthesia and certain drugs to hypnosis and to overwhelming personal and social crises. Yet in general we observe that a radical change in the use of characteristic defenses so as to bring into view a different ego state is not an attribute of the waking life of the neurotic nor can we find any comparable rapidity of fluctuation in the neurotic group. We are led to conclude that the borderline and psychotic patient has available in his daily waking life the spectrum of defenses that is available to the neurotic only where the ego is subjected to extraordinary conditions of stress or in the regressive ego state of sleep.

We arrive at a significant distinction between the ego of the neurotic patient and the ego of the borderline and psychotic child by recognizing that whereas all persons have the potentiality for regression under certain circumstances the difference in the two groups may be seen in the kind and degree of stress which calls forth the regression as well as in the rapidity of the regression itself. The ego of the borderline child is characterized by a specific vulnerability or hypersensitivity in response to both inner and outer stimuli. We may conceptualize this difference by comparing the ego of the borderline child to a delicate permeable membrane through which the primary process penetrates with relative ease from within and which external forces puncture easily from without as contrasted with a resilient relatively nonporous more intact membrane which might represent the more permanently cathected ego of his neurotic contemporaries.

In order to delineate more clearly the functioning of the sensitive and fluid ego organization of these patients and in accord with our interest in patient-therapist interaction clinical material was studied in the light of two questions. In response to what stimuli or lack of stimuli do shifts in ego state occur? What purpose do such fluctuations fulfill within the psychic economy of the individual?

We may hypothesize at the outset three possible determinants for shift in ego state occurring within the therapeutic process (1) that these shifts specifically reflect changes in the transference in the child's relationship with the therapist, (2) that they occur autistically, welling completely from within the psychic organism and bearing no relationship whatsoever to external stimuli, (3) that these shifts occur in response to feelings arising within the child which may be related to changing introjects, not yet given expression within the therapeutic context

In reviewing our clinical material we repeatedly found that the ego regression was directly preceded by an inadvertent rebuke or lack of comprehension by the therapist of the child's message, and the return into the secondary process followed directly upon the therapist's retrieving of his error and demonstrating his sympathy and understanding. An example both of the losing of affective contact through possible technical error by the therapist and the retrieving of the situation with the therapist's expression of understanding can be seen in the material from the end of the hour with little Ann. As the child complained of her mother's coldness, the therapist said that perhaps her mother loved her but could not express her love with the requisite warmth, and observed that this might have caused the child to become angry at her mother. We suggest that the snail fantasy in the psychotic state which followed immediately upon the therapist's remark may well have been a reaction to the implied rebuke that mother after all did love her and it was only she, the child, who failed to perceive this appropriately. At the termination of the hour when the therapist was able again to enter affectively into the child's world by saying that she hoped the little snail would not be disappointed and would get enough to eat, Ann responded by a return to meaningful contact within a neurotic relationship mode around the topic of her parents' forthcoming visit.

*It seems reasonably demonstrable that certain transference reactions are perceived with such overwhelming fear or pain that they force into defensive operation an ego state, which permits the furthest possible removal of the painful stimulus from the ego's awareness as indicated by our diagrammatic representation. Thus, the ego achieves a measure of safety by taking flight into the disguises, distortions, and fantasy displacement under the dominance of the primary process, as in this instance in the retreat to the snail fantasy.*

When we subject these phenomena to closer scrutiny, it appears that the regression achieves more than this measure of protection in the face of an intensely threatening affective situation. It is noteworthy that the shift into the regressive ego state does not sever contact with the therapist.

More frequently the child invited or commanded the therapist to join the fantasy and follow the primary process productions (In the interview cited Ann called the therapist over to join her at the mirror) We may speculate, therefore, that the shift fulfills a double function in the psychic economy of the child that of reacting to the transference threat and that of simultaneously maintaining contact with the therapist on the only basis now possible

We suggest that every fantasy production carries this double message. It reveals both an attempt to master conflict and a confession of current inability to do so. Similarly the psychotic regression in these children may be said to convey the double message of the attempt to maintain contact with the transference object and an inability to do so except where the dangerous emotional charge of the relationship can be reduced via flight into regression.

We may offer another illustration drawn from the same record as follows. Ann had experienced vaginal bleeding which was initially diagnosed as precocious onset of menses. Later examination revealed little grounds for this initial diagnostic impression which had been shared with the child but the bleeding was rather thought to be associated with extensive masturbatory activity. This latter diagnosis was not told to the child. In a subsequent therapy session Ann asked Dorothy why do we use words like menstruation and masturbation? Why not mend the seam and master the bait?

If we analyze these neologistic primary process productions we cannot fail to recognize the child's sensitive perception of the conflict and her statement of it in a way which could be discussed with her. "Mend the seam" refers to her wish to have the bodily damage or tear mended and "master the bait" refers to her recognition of its association with masturbation and her concern with mastering the temptation to masturbate. In effect the child presented the totality of the conflict including the diagnosis not discussed with her.

Our speculations regarding the functions of the ego-state fluctuation in response to transference reactions reach further as we compare the child's preoccupation immediately preceding the regression with the material expressed from within the protection of the regressed ego state. We may draw on an example from outside of the psychotherapeutic context to illustrate some of the formulations which emerge from such comparison.

In his recently published book Robert Flies (1953) described the experience of an analyst who brought to Freud's attention an observation of his which he felt might contradict some of Freud's formulations about dreams and particularly Freud's thinking regarding the purpose of disguises in dream life. The analyst described a reverie preceding sleep

in which he envisioned his attempts to seduce an older woman of his acquaintance, and in finding her dress too tight for his purposes, he set about unsnapping the back of her dress. In the sleep which followed, the dreamer found himself outside a locked inn which contained a waitress and a dining room into which the dreamer sought access unsuccessfully and therefore tried to enter via the rear entrance. As the analyst compared his reverie and his dream, he felt that both expressed essentially the same content and differed only in the mode of expression and in the use of disguising symbolism in the dream. He was therefore at some pains to understand the purpose of the dream and particularly the purpose of the disguises of the dream in expressing what had been quite accessible to the conscious and waking ego of the dreamer. In effect, we may say, that he asked Freud to clarify the cause for the shift in ego state in relation to content readily accessible to his ego in its initial waking state.

In responding to this question Freud suggested that the content of reverie and dream differed in that the dream contained a hidden reference to the dreamer's mother via the reference to the waitress at the inn and hence the disguises were directed at the different content expressed in the dream.

We may take this as our point of departure and push the explanation further by noting that the reverie expressed a phallic fantasy about the mother, whereas the dream contained an oral fantasy. Obviously a phallic fantasy is more acceptable to an adult than an oral fantasy. And since ego regression occurs in sleep, the more regressed needs and wishes in this instance the oral wishes emerged into expression. Thus the shift in ego state changed not only the content as in this instance from a current love partner to an infantile love object, but the entire wish system as well. We may suggest therefore that fantasies can reflect different instinctual needs deriving from different layers of the personality and that the layer which is tapped at any given time may be a function of the person's ego state.

In our children, when the neurotic defenses are prominent the problems raised for discussion are not inappropriate to their chronological age, and frequently deal with sibling rivalry, variously disguised oedipal themes, fears of being different and feelings of shame and guilt. Their fantasies however, in their regressed ego state are by comparison pronouncedly oral in character, having as their themes fear of separation and abandonment, of bodily disintegration, distortion of body image, fantasies of devouring giants and their victims and primitive rage outbursts. We may draw again on the interview which we have cited. When

the neurotic ego organization of the child is predominant and Ann is wholly in contact with the therapist, she gives expression to her concern over her parents' forthcoming visit, and her doubt regarding their love for her. In her regressed state she fantasies herself a snail, sucking on the glass and terribly frightened lest she suck and suck and get nothing to eat. (We suggest, in fact, that via this fantasy of sucking on her own reflection, the child re-establishes an emotionally empty symbiotic world in which no gratification seems attainable for her.) We see therefore her concern reflected on two different levels of ego organization dealing content wise with the problem of her relationship with her mother, but reflecting different need systems as her ego state changes.

Therefore we conclude that ego-state fluctuations have as their additional purpose the expression of different instinctual need systems and wish constellations associated with different stages of development which seek and find expression as the ego state changes.

To return briefly to Fliess's stimulating contribution, the example cited suggests that the dream reproduces the frustration of the reverie, for in both reverie and dream the dreamer's wish is stymied and he is denied access. It may well be that the dream in this instance contains the nuclear problem of the individual, that of deprivation at the hands of the withholding oral mother, which transposed up the developmental ladder in the reverie state becomes expressed in phallic terms, in frustration in attempted sexual seduction. The similarities and differences in this experience spanning two ego states suggest strongly that when ego state shifts occur, the instinctual need systems expressed differ, the representation of latent and manifest content differ, and the language and mode of representation differ, but what remains constant is the conception of the conflict and its characteristic resolution. In this instance we may suggest that the dreamer characteristically offered the alibi of being unable to obtain gratification from the thwarting mother to justify his turning to the father via the 'back door'. Similarly, with our little patient Ann we may conceptualize her nuclear problem as deprivation at the hands of an unloving mother and her characteristic solution of desperately searching for infantile gratification which she does not expect to find.

We note that throughout our case material problems terminating in frustration on oedipal or phallic levels were similarly presented in the most archaic fantasy. In fact it is striking how frequently these children conceive of their problems as inadmissible of solution. It is as if they say to us continually and on whatever level of presentation. My dilemma is absolute and insoluble. You cannot understand me and if you did

understand me, you could not possibly help me" If this be so, that the ladder of unsolved problems extends upward throughout the entire intra psychic life of our patients and that problems presented on an oedipal level mask problems deriving from much earlier stages of development, then the shift in ego state fulfills no function in relation to the resolution of the conflict itself except in so far as it exercises a restitutive function within the psychic economy. Rather, the ego-state fluctuation serves to permit the continuation of the relationship and to elaborate the conflict which threatened its disruption. Both the regressed mode of relationship and the communication content from the regressive ego state can be conceived of as aimed at revealing to the therapist the ways in which the conflict is experienced within the depths of the child's personality, by its most primitive and most cathected ego organization.

We have emphasized until now ego-state fluctuation occurring in relation to the threat of emerging feelings within the transference. It is however, reasonable to assume that psychotic regression might also emerge in response to permission granted by the therapist. Our material yielded several such possible instances. Thus, in the presence of a benevolent transference and real figure, powerful infantile wishes and impulses, ordinarily refused recognition by the ego, are permitted access and the open seeking of gratification. It is a common experience in play therapy with young children that the presence of a nursing bottle in the playroom, and the permission its presence conveys, will evoke play at being a suckling infant in children who would not dare to show such regressive behavior at home.

In offering this hypothesis, which implies that the child "permits" the regressive material to appear, we are confronted with the significant question regarding the extent to which ego fluctuations in these patients are subject to conscious control by the child's ego. Are the ego-state fluctuations in these children, for instance, comparable to the experience of the child who plays at being an infant in the playroom?

Theoretically several possibilities can be advanced. We may think of relative control exerted by the ego when an individual is able temporarily to suspend more mature ways of ego function and then to recapture the more mature ego state as the situation changes as, for instance, in the transition from sleep to waking, or in the child who decides it is "safe" to play at being a baby but puts the bottle down when he hears his mother's footsteps outside the room. Much as we wish to remain in bed in the morning and even consciously try with the help of a dream to incorporate the alarm clock's stimulus and continue to sleep, the alarm insistently penetrates to force upon us its real nature. The world of the

secondary process intervenes rudely. We rise to its summons and with the help of certain motoric rituals increasingly succeed in dismissing the regressed sleeping state from consciousness.

At the other end of the psychopathological spectrum we may think of the psychotic ego as having little control over its hallucinatory and delusional experiences, having almost lost the capacity to differentiate psychological from outer reality. Between these polarities of relatively full control and almost total loss of control, we conceive of a wide spectrum of possibilities: occasional control, control operating efficiently only in one direction, as in inability to fall asleep readily and difficulty in waking or, as reported by the patient, who stated that his depressions no longer troubled him because he could almost banish them at will.

We may postulate an ego mechanism of control which can be roughly compared in its function to that of a thermostat. A reliable thermostat is capable of maintaining fairly even temperature in a room despite climatic changes, and we may think of this as analogous to the ego of the neurotic where ego states fluctuate minimally and are subject to relative control by the individual. An unreliable thermostat, on the other hand, can lead to unpredictable and inappropriate temperature changes and figuratively represents the regulatory and controlling devices in the borderline and psychotic child. We suggest that this ego mechanism of control varies in its efficacy in persons well within the neurotic range but within fairly narrow limits since the total personality functioning is largely under the dominance of the secondary process.

These children make abundantly clear, however, their weakness and fear in the face of upsurging psychotic fantasies. One of our young patients told his therapist that he was afraid to enter the Valley of Death, a well elaborated fantasy of his, because he would not be able to make the return trip. In effect he described the strength of his ego as too deficient or inadequate to move from the primary into the secondary process despite strenuous efforts. In numerous and varied ways these children tell us how fearful they are of being inundated by their fantasies. Yet at the same time they demonstrate some ability in control, particularly with the help of external stimulus, as for instance when reminded that the therapy hour is terminating. It seems characteristic for this group that ego state fluctuations occur many times throughout their day, occasionally with control, but that a large part of their waking life bears strong similarity to the sleep dream life of their neurotic contemporaries in the lack of control exerted by the dreamer.

Therefore, we suggest that one relative distinction between our patients and persons within the neurotic range may lie in this still-obscure

mechanism of control. For precisely this mechanism of control, which in the absence of gross trauma is available to the neurotic in his waking state, seems damaged or inadequately developed in the borderline and psychotic child.

This observation can be related to Knight's (1953) description of the ego structure of borderline patients. It supports his view that only the early stages of ego development have been fully achieved by these patients and that the evidences of more advanced ego functioning represent only weak and beleaguered outposts whose contact with the main ego body is tenuous and intermittent. The degree of conscious control which the ego can exert over its shifting states may be a function of ego structure and the relationship between the stages of development achieved. Thus, where the different developmental levels are closely interconnected, as in the neurotic patient, we may think of the ego as having relatively full control over its fluctuations, whereas, as in our patients, the lines of communication between the different ego stages are tenuous and easily disrupted, and the ability to go back and forth at will is seriously impaired. We have tentatively characterized this phenomenon as inadequate or defective ego control.

In some of our case material we were unable to find any sign of activity on the therapist's part which preceded the ego-state fluctuation and which might be thought of as a stimulus to the regression. As suggested previously, two possibilities can be offered as tentative explanations. It may well be that some of these fluctuations occur autistically, having no relationship whatsoever to the actual therapeutic process or to external stimuli, and arise entirely from obscure and, in effect, unobservable phenomena within the individual. However, we may also conjecture that fluctuations may occur in response to emerging inner feelings and changing introjects within the patient. Much like the person in love who experiences a succession of agonies and exultations in relation to what he imagines to be the changing feelings of his beloved, and which may occur in the total absence of the beloved, so too we may surmise that certain introjects which have not yet become visible in the transference may provide the stimulus which eventuates in the regression. Certain feelings probably cannot be expressed in the transference before the psychotherapeutic process has paved the way and before various aspects of the therapist have been introjected.

There are many additional questions which the material stimulates and which demand continual exploration. For instance, is there a relationship between the content of the conflict and the ego state in evidence? Hoffer (1952) has suggested that the ego state can be related to the period



in the child's life when the original conflict occurred. If so, it would be possible theoretically to chart the time of the occurrence of the original conflict by plotting the content of the conflict with the ego state.

And further, to what extent can the nature of transference be derived from the ego state itself, that is from the mode of expression and from the defensive constellation as well as from the content of the communication? May we speak properly of transference psychosis where the shift into the regressed ego state occurs, and how can this be distinguished from transference manifestations in neurotic children?

We have suggested that patients in the borderline group seem to face absolute dilemmas which admit of no solution. Is this a distinction which can be drawn between this group and the neurotic patient? Can we propose that the neurotic conceives of his problems as leading to dangerous or unhappy consequences but that the possible solutions envisioned have some reality anchorage and are less overwhelmingly catastrophic? If we think of neurotic dilemma in terms of the excursion of a pendulum can we say that the excursion of the pendulum in the psychological world of our patients covers an infinitely wider amplitude than in the neurotic and can be specifically associated with the degree and nature of their illness?

Further, can we subject the process of the shift itself to more microscopic examination? Federn (1952), among others, has suggested that in the transition from sleep to the waking state, the ego ascends the developmental ladder step by step, reaching and resynthesizing each major stage of development, until it arrives at full conscious control and contact with itself and reality. We are interested in the clues which we can derive from the clinical material regarding the process of the shift, and how it is experienced by the child.

We proceed with the aid of some of our clinical material to examine more fully the transference manifestations of these children and the characteristic patterning of their relationships in the treatment process. We may note here parenthetically that in the course of our experience with the therapy of seven borderline and psychotic children, sometimes by trial and perhaps too frequently by error, we have arrived at some tentative technical formulations which were stimulated by the exquisite sensitivity of these children as much as by their particular psychological attributes. The rapidly fluctuating ego states and the different modes of communication accompanying these fluctuations have dictated the continual reassessment of therapeutic tools and suggested the refinement of some methods of communication and interpretation. Some of these tentative formulations will become apparent within the context of the

material presented, but limitations of space unfortunately preclude their more specific elaboration in this paper

We can schematically represent the gamut of possible patterns of interpersonal relationships both in the psychotherapeutic setting and in daily life by anchorage around three distinguishable nodal points (a) an autistic relationship mode, as described by Kanner (1943), (b) a symbiotic relationship mode, as described by Mahler (1952) and (c) the whole progression of relatively differentiated object relationships characteristic of neurotic life. These different relationship modes can be viewed genetically in terms of their postulated derivation from the different developmental phases of the growing ego. Or they may tentatively be conceived of as associated with different ego states along the spectrum of sleep to that of full waking consciousness, as suggested by Federn (1952), Isakower (1938), and others. A diversity of relationship modes and the different ego organizations from which they derive is available to all persons. In the neurotic range of behavior these find their necessary and useful places appropriately within the richly textured emotional life of each individual.

Our material suggests that the dominant cast of the relationship seen in the borderline and psychotic child is frequently autistic and symbiotic. This phenomenon is most strikingly discernible in the initial phases of psychotherapy, and is partly explainable in terms of ego regression occurring in response to the anxiety evoked by beginning treatment. The concept of the *dominant cast of the relationship* is used advisedly, since unlike some of the children described by Kanner (1943) and Mahler (1952), the potentialities for more mature ways of relating is clearly available to these children and makes its appearance within the psychotherapeutic relationship. This availability of different relationship modes coupled simultaneously with the periodic lack of such availability (since at the time that the child employs symbiotic and autistic ways of relating he evidently cannot do otherwise) constitutes a baffling psychological phenomenon and one which impels intensive study.

Our efforts have been clinically rather than genetically oriented, therefore we have attempted to follow the changing availability of different ways of relating within the psychotherapeutic process and to understand their defensive and restitutive functions within the treatment relationship. In the following summary which is based upon the first seven weeks of therapy with a seven year old boy our primary aim is to demonstrate this phenomenon of the co-existence and co-availability of different ego organizations and to follow briefly the unfolding of the different relationship modes as they occur within a short time span in the process of treatment. These varying relationship modes exist and will be illus-

trated not merely on the transference screen but within the whole pattern of the child's relationships to his world of which the transference itself is but a specialized and heightened manifestation

Ted age seven the only adopted child of an officer in the armed services was brought for psychiatric evaluation with a variety of incapacitating symptoms including inability to attend school despite superior intelligence infantile speech frequent smelling of objects rocking whirling excited hopping and bizarre flapping of his arms. The chronic conflict between the parents which had been aggravated over the years by numerous transfers and enforced separations was open and acute at the time of the referral. (In fact it seemed that their one point of contact and agreement was their concern for the child as if this mutual responsibility was all that was holding the family together.) Ted's outstanding characteristic was a vacant facial expression and a distant frozen manner which at home was punctuated by wild uncontrollable rages and open expression of death wishes toward his parents who felt baffled and frustrated in their efforts to please him or to control his behavior. Throughout the examination he gave many indications of his vivid and destructive fantasy life and of his terrified struggle to contain the eruption of his impulses. He identified himself with volcanoes and lava and said he was ten times bigger than tornados cyclones and earthquakes. The possibility of organic brain damage was suggested by the findings of the neurological examination which included a moderate hyperreflexia and a mild inco-ordination of all extremities. The electroencephalogram and X ray of the skull were normal. A possible congenital malformation of the brain was suggested. A more accurate organic diagnosis however and further evaluation of organic findings within the process of the total illness could not be made at the time of the evaluation procedure. The diagnostic impression based on extensive psychiatric, neurological and psychological study was of a borderline psychotic child. Although the prognosis was guarded the recommendation was for outpatient psychotherapy combined with a special school program and intensive casework for both parents.

Ted came to his first therapy hour carrying a map of the city and to subsequent hours brought along as well a little shopping bag which seemed to contain the sum of his cherished possessions papers on which he had written numbers and crude paintings done in solitary moments. He began his first hour and many subsequent hours by requesting that the therapist escort him through the school building. Silently except for an occasional brief comment polite rebuke or question that neither tolerated nor expected an answer as if only in an eerie trance-like awareness of his surroundings he seemed to relate only to that part of the therapist that served as an obedient guide or useful tool. His many explorations seemed strikingly aimless with a vacant expression he led the way through every available entrance and exit waiting only for the therapist to turn the key or perhaps more correctly for the hand to turn the key.

Following these seemingly random searchings which began the first part of

each therapy hour for four weeks Ted would permit himself to enter the play room where he attempted aborutely and vacantly to play at building blocks, which he gave up rapidly because 'they are so mixed up' or at finger painting where he kept the different colors far apart from each other in the four corners of the paper and quickly covered even this production with black paint. In the playroom his attention to the therapist was as cursory as his attention to the toys and the most casual comment by the therapist was met by quiet but definite rebuke. Thus when Ted picked up the toy telephone and said, 'Hello' and the therapist responded 'Hello' into the telephone, he hung up the receiver. When he demonstrated interest in a toy and the therapist offered it, the interest was withdrawn. On the few occasions that Ted engaged briefly in more active play with the blocks he attempted to test the strength of the house which he had built, wondering aloud what an earthquake would do to it. Such fantasies were accompanied by whirling, jumping, hopping, flapping of arms and smilling of his knees.

If we compare the relationship which Ted has achieved with his therapist in these first hours to the familiar model of early therapist-child interaction in which, despite great anxiety, conflict breaks through and some give and take is achieved, then the remoteness and frozen quality of the child's contributions and the rigid ways in which he has structured his and the therapist's role are striking. Ted maintained here an almost complete emotional insularity. Furthermore, one senses a devitalizing<sup>3</sup> of the therapist, as if the therapist had been rendered a lifeless tool or automaton, whose role it is to facilitate the complex mechanics of living. At each point that the therapist attempted to assert his independence, and to break out of the assigned role of silent partner and mechanical assistant, the child withdrew—yet without agitation, as if simply to shut out the distressing intrusion and thereby cause it to disappear. We suggest that this kind of transference manifestation finds its psychological model in earliest infancy, at an autistic level of development, before the child experiences the mother as a separate person.

Throughout this period and particularly during Ted's explorations, the therapist reports that he frequently felt as if he were following a little ghost who if touched would vanish. And indeed the child's communication with the therapist in these hours is characterized by a seeming emptiness, abortiveness, and inhibition in the spheres of play, verbal interaction and affective response. Yet, despite the paucity of direct communication, if we permit our imaginative faculties to range freely and work upon the clues which the child provides, we may perhaps gain some idea of the psychological world of this borderline child, which reflects itself in this autistic mode of relationship.

<sup>3</sup> We are indebted to Dr. Margaret S. Mahler for the concept of devitalization.

Thus we may speculate briefly, and with no attempt to delineate its many meanings about the psychological significance of the child's exploration of the physical plant of the house, and his bringing a map of the city, which was his constant companion during this early treatment phase. Content wise they suggest a child who is frightened and lost in a world of disorder and imminent disaster, and who is actively seeking to achieve some inner and outer order by external means. And we may—via the map and with recognition of its extraordinary uselessness to a seven year old child—gain some idea of the child's desperation and his frantic and unsuccessful reaching out with the aid of a mechanical and useless device for the clarity and identity which he so urgently desires. Just as the child seeks to evaluate the new person of the therapist by the faulty method of avoiding the therapist and exploring the physical terrain, so he seeks to insure his psychological integrity and safety by carrying a map which he cannot read. At times the disorder which the child perceives rises painfully to consciousness (as in the hour where he complained he could not play because the blocks were mixed up) and abruptly disrupts his capacity to play.

In observing the *mode* of the child's expression in this initial period we are struck by the faultiness of the methods which he employs in order to deal with his anxiety, with the primitive and unintegrated nature of his defenses and the magical thinking from which they derive and with the absence of affective response throughout. The use of the external device of the map to achieve an ordering of his inner psychological world can be viewed as a forerunner of an obsessive compulsive defense which has not yet been integrated into the personality. We note that the map is not only a magical device but represents an imitative playing out of an adult role, we surmise partly on the basis of our knowledge of other borderline children, that imitation and cue taking rather than true identification, governs various aspects of Ted's behavior. Further, we may speculate that the map symbolizes Ted's way of maintaining reality anchorage in this autistic phase, by the substitution of a mechanical contact with a total panorama of reality, and a largely inanimate reality, for live contact with its various parts. In effect it would seem that here a total, diffuse, and confused surface contact replaces meaningful relationships.

Within a brief period of four weeks the relationship underwent a perceptible change as Ted began to demand that the therapist act almost as his double. He commanded the therapist to build his own trains at the far end of the playroom. He separated blocks for himself and the therapist by a special system of markings and directed the therapist to build alongside of his own

building. In his play with the trains he kept switching his own trains from track to track and ordering the therapist to do likewise so rapidly and confusedly that his intent seemed to be to keep the therapist off the track and so to confuse communication as to render it unintelligible. Yet his conflicted yearning for a closer relationship broke through at times when he occasionally built a connecting line between his freight yard and that of the therapist only to disrupt it quickly or when his blocks inevitably became confused in play with those which he had marked for the therapist. Once his request for help was expressed in his attempts to push a long train with a very small block which he designated as the engine and which seemed to reflect the heavy load he felt so powerless to carry unaided. At the same time he made curt, officious and urgent demands for toys evidently not in the playroom as if to establish *a priori* the incapacity of the therapist to fulfill his many needs.

Throughout this period the child continued to maintain his vacuous facial expression. Although his explorations of the house ended, he began each hour with a few minutes of aimless searching around the playroom as if telescopically to recapitulate what had gone on before. He developed a new symptom of saying *urp* continually and at very frequent intervals which became more pronounced in moments of heightened tension.

Ted began to seek the therapist's protection also by offering him his scissors to carry and characteristically ended each hour by dictating a strongly worded sign for the therapist to write ordering everyone entering the playroom to leave his house and trains untouched. He was hyperalert to every change in the playroom and complained of any difference in the toys from one hour to the next. He indicated in manifold ways his inability to tolerate the intrusion of another person into the relationship between himself and the therapist and his desperate wish and demand that the therapist protect the continuity and immutability of the status quo. The strongly eroticized fantasies accompanying these transference developments were strikingly revealed when Ted told his mother that he had gotten all wet in a therapy hour because he and the therapist had gone swimming together and in many ways at home he hinted darkly at goings on in his therapy which he utilized to taunt his parents.

The dominant cast of the relationship which Ted imposed in this second phase of treatment finds its legendary prototype in the story of Aladdin as the leitmotif of the magical all-powerful giant subject to the child's absolute domination and permitting no independent existence. It was here played out between child and therapist. Ted's *geni* is the projected therapist who was instructed to imitate his little master from a respectful distance and commanded to do away with change by various magical devices including the sign which the child carefully dictated at the termination of each hour. He is an exciting and dangerous *geni* about whom erotic fantasies are woven and who must be kept at a careful distance, bottled up or let out in accord with the child's wishes.

and needs. Most significantly, his identity is fused with that of the child. And if we think of symbiotic identification as a stage of development in which the young child seeks to achieve mastery by *being* the powerful or beloved person, then we may suggest that Ted defends himself against the fantasied dangers of an interpersonal relationship by a symbiotic like fusion with the therapist.

With the aid of the tale of the sorcerer's apprentice we may gain some idea of the grave perils which the symbiotic identification attempts to avoid. The venturesome little apprentice of the story tries to separate himself prematurely from his symbiotic relationship with the sorcerer. Before he has fully assimilated the magical spells (or before he has achieved true identification with the sorcerer), he attempts imitatively to play the sorcerer's role only to find himself disastrously unable to control the upsurging flood of his aggressive and sexual impulses. Significantly he is rescued not by his own devices but by the return of the powerful sorcerer, i.e., by return of the symbiotic relationship.

It is of particular interest that Ted instructed the therapist to imitate his own play activities at the far side of the playroom and we may via this segment of behavior elaborate briefly on the particular psychological meaning of this symbiotic relationship in this borderline child. For implied in this distance which the child establishes between himself and the therapist, and implied in the duplication he imposes is both his recognition of separation and his tentative and fearful beginning moves toward object differentiation and a neurotic mode of relationship.

Thus, a noteworthy difference between the symbiotic relationship of this phase of therapy as compared with his beginning unawareness of the therapist's presence, except in so far as the therapist served as a necessary or useful tool is the admission of the therapist into the child's psychological orbit. Yet this admission is carefully and fearfully controlled and with the aid of a symbiotic fusion fantasy kept safely within bounds. Implicit however in the child's demands that the therapist imitate him and not be the therapist is the recognition of separateness which presages the neurotic relationship to follow.

In this second phase, there are many indications of the autistic mode which preceded it as well as of the more neurotic mode ahead. For instance, the sign which the child dictates at the end of the hour resembles the map of his earlier phase in being a faulty, external device designed to achieve an inner psychological goal of continuity of the status quo. Yet it is here transposed up the developmental ladder, for it appears now within the framework of a symbiotic relationship. Or, further the vacant searching of the playroom which begins each hour replaces the

aimless exploration of the total house which figured so prominently in early days

The beginnings of a neurotic relationship which attract attention are expressed by the child in his dimly disguised appeal for help as he plays out the overburdened little engine and in his abortive and somewhat wistful play at building connecting lines between his trains and those which he has separated for the therapist. Most significant, perhaps is his new symptom of saying *urp* which can be thought of as a neurotic symptom reflecting a deep infantile wish breaking through toward expression and a searching for contact and infantile gratification. It is interesting that the *urping* symptom disappeared during a later phase of therapy when the child threw a ball repeatedly for the therapist to retrieve and in ecstasy clapped his hands saying *da-da* like a small baby.

In the twelfth therapy hour Ted began shortly after the hour commenced to call for the therapist *by name* on the toy telephone and after hanging up several times when the therapist responded "Hello" he finally continued the telephone contact and made a series of requests for toys evidently not in the playroom culminating in a demand for a magic wand. He followed this interplay by animatedly acting like a roaring bull and picking up a little toy hull directing the horns first outward and then toward himself. He then announced that another world was about to destroy this world. He constructed a peaceful scene with the ranch house toys and then proceeded vigorously to scatter the pieces identifying himself as an outer space monster. He talked of cities being annihilated of worlds colliding, of tornados striking, and threw a ball around the room knocking over the toys with force and abandon. Once when he paused anxiously and the therapist suggested that his wish to destroy had frightened him he quickly rebuilt the fence of the ranch house asking softly how the therapist knew.

To the following hour Ted brought the therapist a little box car which he had previously requested unsuccessfully of the therapist and which he now presented with much ceremony asking the therapist to close his eyes. Immediately following this Ted picked up the little toy telephone and asked for daddy. When the therapist responded Ted instructed him to hang up and talked briefly to his father saying that he loved him and wanted him rather than the therapist to get the little box car. For the remainder of this session Ted played out an excited battle between good and mean soldiers and at the end of the hour commented that it would be forty-eight hours before their next meeting.

Ted again brought some trains from home to the next hour and built a line of the playroom trains, connecting them with the trains which he had brought from home excluding only one little car which he ran around the long train ramming into it at intervals.

In a subsequent session Ted asked to take the therapist to the school shop where he demonstrated a lively curiosity in many things and how they work.



and proudly displayed his recent accomplishments. Once he pointed to the electric switch stating "That controls the robots."

A few sessions later Ted spent the therapy hour in the sand box where he constructed three mountains, one smaller than the other two and a fourth mountain rising amorously out of the rough country at the far end of the box. He ran a little car repeatedly around the mountains. The scene was disrupted when a mean old man destroyed the three mountains leaving the fourth mountain intact. Ted then noticed that the therapist had taken out a cigarette and after inquiring what brand the therapist smoked, he suggested that the therapist change his brand to Luckies. He found a little harmonica and proceeded to spend ten minutes playing with it, rocking back and forth in a little rocking chair in a trance-like state. Then he announced abruptly that a tornado was due to strike and so it did, joined by a meteor storm which quickly reduced the room to a shambles leaving untouched, however, the corner where the therapist was seated.

The marked change in relationship between child and therapist which appeared in these hours was abruptly and dramatically introduced when Ted called the therapist and made requests of him across the shortened distance defined by the toy telephone. The child's use of the therapist's name in this interplay gains significance against the background of his initial almost total obliviousness to the therapist's person and his subsequent inability to grant the therapist's independent existence. However, as Ted proceeded to make free use of the play medium to create and communicate his inner world and as he expressed his conflicted and fearful yearning for the protective closeness which he felt the therapist could provide, there was considerable resemblance to the play therapy sessions of a neurotic child. The neurotic relationship mode which was hinted at in the preceding phases had gradually come to provide the dominant cast for the transference manifestations. And although this neurotic transference relationship formed a continuum with the two preceding phases and embraced all of the relationship modes which we have distinguished earlier and more regressed manifestations were now only more fleetingly and more subtly discernible.

A comparison of the child's construction of the four mountains in the sand box with the aimless searching characteristic of his early therapy hours will highlight some of the changes which have occurred. In the sand box play, Ted actively created his psychological landscape. It is reasonable to assume that the three mountains represented his parents and himself. And this distant mountain represented the therapist and the little car which traveled ceaselessly around the mountains described among its many meanings the peregrinations and vicissitudes of the therapy journey and the precariously felt position of the child in this

discouraged search for clarity and stability. We note that an active creative ego, capable of vivid and live communication, and intent on mastery is evident in the sand box play. Yet, the endless wanderings of the little car and the sand mountain construction recapitulate, on this higher neurotic level of ego organization, the theme of map and unceasing search of the house expressed earlier in the autistic phase of the relationship. Thus through the screen of the neurotic level of integration, one can subtly discern the remnants of the more archaic mode. And at the same time, one cannot fail to be impressed with the marked difference between these two levels of ego functioning.

The transition in relationship mode which impels our interest is here infinitely better expressed by the child in his construction of the fourth amorphous mountain, the therapist mountain, rising out of the "rough country." For in the symbol of the mountain rising dimly out of the distance, we may see a graphic and in fact poetic representation of the emergence of the figure of the therapist into the child's psychological ken. As this figure became more clearly perceived and recognized and acquired a name, the child gradually entered into a more differentiated object relationship mode, and was able to sustain the therapist's presence as a protective figure who could be relied upon to withstand even tor nados and meteor storms.

In this third phase of the initial treatment period, the child finally gave full expression to his profound preoccupation with separation and abandonment. The child could express these fantasies of separation only at the point when he was able to separate himself from the therapist, and only within the context of a predominantly neurotic relationship. Some of the content which underlay his behavior from the start can be formulated as follows: "If I love the therapist I will lose my parents or

If I turn to father I will lose mother." These themes emerge vividly in his play with the little car which is excluded from the long line of trains, combining trains from home with those in the playroom. And his struggle with conflicting loyalties is openly demonstrated in his loving gesture of the gift of the little car to the therapist, which wipes out his previous disappointment in the therapist and which is accompanied by the reminder of prior loyalty to his father.

With the aid of these elaborations we can retrace our steps and more confidently understand the content of his beginning hours. Woven into all of Ted's behavior during the entire period which we have described, is his despairing recognition of conflict between his parents, of his own adoptive and vulnerable status, his fear of imminent abandonment, and his perception of the therapist as the ally of the parents in their dark

plans for his destruction, as seen in the two trains which combine to exclude the little car. It is interesting to add corroboratively that during this period his teachers observed that when other children attacked Ted, which they did partly because he offered himself so readily as a target, his chief concern was as to which of various weapons they would employ, as if clearly anticipating attack and wondering only from what quarter it would appear.

Ted's fantasy is not unfamiliar in the therapy of children, although the degree to which he experiences it as totally catastrophic and without possible solution may, as we have suggested, be specific for the nature of his illness. What is striking however is the distinctive ego organization of this borderline child, which within a span of sixteen sessions fluctuates in its use of autistic, symbiotic and neurotic relationship modes, thereby reflecting the co-existence and co-availability of different ego organizations. It is this phenomenon which we have seen so frequently in all of these children which we have studied.

We observe that the first significant indication of the child's capacity to sustain a neurotic relationship with the therapist is accompanied almost immediately by a fantasy of worlds colliding and a destructive monster from out of space. Since outer space life has become so much part of contemporary culture, one must exercise caution in drawing conclusions from its introduction *per se*. Yet the timing and content of space fantasies, which appear so frequently in the treatment of these children, have led us to assign to them a special psychological meaning which we have described in previous communications (1952, 1954) as distance defenses, whose collective function it is to achieve maximal distance between the unconscious conflict and the conscious ego. Therefore it is of special interest that just as a separation fantasy finds its full expression only following the process of separation from the symbiotic relationship mode, so too the space fantasy becomes immediately apparent and necessary as the neurotic relationship emerges. We have conceived of the space fantasy's function as in part that of a safety valve which permits the maintaining of the neurotic relationship while representing at the same time a necessary return to more regressed modes of relationship. This material suggests corroboratively that these distance fantasies become necessary only within the framework of a tenuous neurotic relationship where the constancy of the object cathexis is continually imperiled.

We may recall that Ted's first space fantasy appeared within the context of the impossible demands made on the therapist for toys and a magic wand and his frustration at the latter's inability to supply his

needs. The strong aggressive and sexual urges rising to expression were evident in the play with the little toy bull which followed, and it was at this point that the first outer space fantasy ensued. We suggest that in Ted's play with the little toy bull, such strong aggressive feelings were mobilized that the little bull no longer sufficed to carry their full charge and in fearful retreat from the rising anxiety the child introduced the space fantasy, to protect both himself and the therapist from the dangerous fantasies which had been stimulated. Or, stated differently, Ted's impulses had grown beyond the capacity of the neurotic defenses to contain them and forced a temporary reversion to a more primitive ego state.

The child's fantasy of the electric switch controlling robots permits some brief speculations referring back to the ego mechanism of control which we have previously postulated. Ted's fantasy differs from the thinking machine of the schizophrenic as described in Tausk's (1933) classical contribution in that the child, via the electric switch, still maintains control over the robot. If we think of the machine as a projection of sexuality and aggression, then the content of the fantasy may describe the degree of control which the patient experiences in relation to his own impulses which would be in inverse ratio to the distance which he sets between himself and his machine. It is this capacity for the degree of control reflected in this fantasy that helps to demarcate the borderline status of our patients from the overt schizophrenic.

In bringing this paper to a close we would like to emphasize again the preliminary and tentative nature of these observations. Much like our little patient in his early hours we too are engaged in searching and we too like he, are aware of the rockiness of the terrain and the many vicissitudes of the research journey. There are many important aspects of our investigation which the limits of space prevent us from discussing. There is much that we have said that we would have liked to develop further theoretically as well as illustrate many times over from the rich clinical material in our possession. Excluded, moreover, are the technical problems of psychotherapy and countertransference which we leave for another occasion.

The world of every child, his mode of thought and perception differs markedly from that of the adult therapist. And it is necessary in the therapy of all children to devise and create ways of living oneself into the world of childhood. This difference and the attendant difficulties in understanding and communication increase sevenfold in work with the borderline and psychotic child. His psychological world is not only alien to the logical adult mind of the therapist but is characterized by a fluidity of ego organization which can hardly be captured in the ther-

apist's conscious recollection of his own childhood. This wide gulf separating patient from therapist has faced us with formidable problems of many kinds. At the same time it has provided the chief stimulus and challenge to the work which we are attempting.

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